E-mail: SPD@stonybrook.edu		Stony Brook, NY 11794-4310
		Please type or print <u>carefully</u>
Deadline:	Submit this completed form to SPD <u>before the fin</u> the New Degree Program. Forms received after t	r <u>st day of classes</u> of the first semester indicated for his date will be denied.
Note:	discontinued without a degree being posted. If this i	ate Program will result in the original program being s not your intention, please consult with your program . International students must have the permission of an
Stony Brook (S	6B) ID #	Date
Name	Last First Mi	Phone
E-mail		
Are you a U.S. citizen? Yes No If no, please indicate your Visa status:		
Signature of VIS Advisor:		
Old Degree Pr	rogram – Please indicate whether online or traditional	Final Semester and Year of Degree Program
		Fall Spring Summer 20
<b><u>New Degree Program</u></b> – Please indicate whether online or traditional		First Semester and Year of Degree Program
		(Circle One) Fall Spring Summer 20
I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.		
Signature of S	tudent	Date
The following section must be completed with the appropriate signatures. STUDENT: DO NOT WRITE BELOW LINE.		
Old Program A		
	Signature .	Print Name Date
Old Program D	Signature	Print Name Date
New Program A	Advisor Signature	Print Name Date
New Program I	Director	Print Name Date
	_ Approved & Processed	
	_ Dean, School of Prof	essional Development (SPD) Date BD 06072012

## Change of Graduate Program Form Tel: 631.632.7050, option 3 Fax: 631.632.4992

School of Professional Development (SPD) Stony Brook University N-201 Social and Behavioral Sciences