



School of Computing,
Data Sciences & Physics

Change of Status Form

Use this form to make any changes to your status as a graduate student in CDSP (e.g., from full-time to part-time status; from a doctoral program to a terminal master's program). This form is only to be used for status changes made within the same graduate program, not for instances in which the student will transfer from one CDSP graduate program to another.

Instructions

Signature required before returning the form:

- Student;
- Director of Graduate Studies in the student's graduate program.

Deadline: ongoing, but by the last day of classes for the semester.

If you are in a Ph.D. student who wishes to receive an M.S. degree while continuing in your current doctoral program, please check the box "M.S. degree conferral request for continuing doctoral student." This will allow our office to update your record so you may apply for your M.S. degree.

Change of Status

Student's Name: **R.T. Griffin** Banner ID #: **939999999**

Student's Dept./Program: **Computer Science**

Type of Status Change (please check one):

☐ From non-degree seeking to regular graduate ☐ From part-time to full-time

☐ From full-time to part-time ☐ M.S. to Ph.D. ☐ M.S./Ph.D. to M.S.

☐ Ph.D. to M.S. ☐ M.S. to M.S./Ph.D.

☒ M.S. degree conferral request for continuing doctoral student

☐ Other (describe):

Reason(s) for Change of Status (if applicable):

☐ Financial resources not adequate ☐ Conflict with employment ☐ Uncertainty of objectives

☒ Continuing on with Ph.D. program. This request is for M.S. degree conferral.

☐ Dissatisfaction with academic progress ☐ Family or other personal concerns

☐ Other (please describe):

Student Signature _____ Date _____

The Department/Program has indicated below whether or not courses should be counted toward the degree of (choose one):

☐ M.S. ☐ Ph.D.

****Please upload spreadsheet/document using attachment option for additional courses if necessary****

| Course CRN# | Dept. or Program | No. & Section | Semester Year Taken | Grade | Credits | Credit Toward Degree? YES No |
|-------------|------------------|---------------|-----------------------|-------|---------|-----------------------------------|
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Director of Graduate Studies: Print Name | Signature _____ Date _____

Effective Date for Change of Status: _____

Associate Dean for Research and Graduate Studies Signature _____ Date _____

Processed _____