



CHANGE OF STATUS FORM

Please read the following information before completing this form:

- Students who have completed one degree and wish to pursue a higher degree in their department or a degree in a different department should **not** use this form. The *Admission Application for Current Graduate Students* must be used. (This form is available in 524 Mudd.)
- Students currently enrolled in DES, M.S./PhD, PhD, or special non-degree programs can use this form for a change of degree status within their academic department. (For example, this form can be used to change from the PhD to a Professional degree or other lower degree level)
- This form can be used for changing academic concentrations within your academic department.
- This form can also be used for advanced standing.

Mr.
 Ms. First Name: _____ Last Name: _____
 Columbia ID: _____ E-mail: _____

Academic Department:

- APAM BIOM CEAC CEEM COMS
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Are you a Columbia Video Network student? Yes No
 Please indicate your status: US. citizen Permanent Resident International Student

CHANGE OF DEGREE STATUS **Effective Date:** _____

The student named above is granted permission to change degree status within the department.

From: Special MS MS/Ph.D. Professional DES Ph.D.
 To: Special MS MS/Ph.D. Professional DES* Ph.D.*

*Students changing from the DES to Ph.D. or from the Ph.D. to DES can only change their degree status once. *Students will not be permitted to change their degree status after the change has been made.

CHANGE OF CONCENTRATION **Effective Date:** _____

From: _____ To: _____

ADVANCED STANDING

The student named above has been allowed:

_____ points of advanced standing toward fulfillment of the **DES, Professional, or Ph.D. degree.**
 _____ residence unit(s) toward fulfillment of the **Ph.D. degree.**

This credit is allowed on the basis of the graduate or professional work listed below.

Institution: _____ Graduation Date: _____

(Note: The Office of Graduate Student Services may request an official transcript if one is not on file.)

Departmental Faculty Advisor Approval:

Graduate Student Services Office Approval:

Print Name: _____
 Signature: _____
 Date: _____

Print Name: _____
 Signature: _____
 Date: _____

Copies to: Student Department(s) Student File GSAS ISSO REV. 07/04