ROOSEVELT UNIVERSITY

Office of the Registrar

CHANGE or DECLARATION OF GRADUATE PROGRAM

IMPORTANT NOTE: **Changes to Graduate Programs are effective as follows: Fall – Change Requested Prior to August 1; Spring – Change Requested Prior to January 1; Summer – Change Requested Prior to May 1.** All requests submitted after these dates will be effective the following term.

To the Student: **Please complete Section 1 below and submit this form to the program into which you want to transfer. You will receive an e-mail from the Registrar's Office indicating the action taken in Section 2. If accepted, your file will be transferred to the new program office. If not accepted, the file will remain in the original program's office. If you are a student-at-large, you must check with the Admission Office to change your status to degree-seeking.**

International Students: If you are in the United States on F-1 Student Visa you are required by law to report this change of major or change of program to the Office of International Programs.

SECTION 1 - **To be completed by student.** ***TERM REQUESTED*:** ☐ Fall ☐ Spring ☐ Summer Year: _____

Name: _____ **Student ID:** _____
Last First

Telephone: (_____)_____ **Email**:_____

My Home Campus is: ☐ Chicago ☐ Schaumburg ☐ Online

Current College: ☐ Arts & Sciences ☐ Business ☐Education ☐Performing Arts ☐Professional Stds.

Current Program: _____

New College: ☐ Arts & Sciences ☐ Business ☐Education ☐Performing Arts ☐Professional Studies

New Program: _____

Are you registered for this term? ☐ Yes ☐ No **Did you apply for graduation?** ☐ Yes ☐ No

Student's Signature: _____ _____
Date

SECTION 2: - **To be completed by Graduate Program Director or Dean (new college)**

Note: The director of the new program may obtain a complete student file from the original program department or check electronic records in Banner to verify grade point average or other records.

New Program: _____ ☐ **Approved*** ☐ **Denied****

Program Director OR Dean *(Please print name)*: _____

Program Director OR Dean's Signature: _____ Date: _____

* If approving this request, forward this signed form to the Office of the Registrar and request to have the student's file forwarded from the former program/college.

** If the request is denied, return this form to the student.

Please submit your registration form in person, by fax, or by mail to:

Office of the Registrar, Chicago:
425 S. Wabash Ave., 1M14 Chicago, IL 60605
Phone: (312) 341-3535, Fax: (312) 341-3660
Email: registrar@roosevelt.edu

Office of the Registrar, Schaumburg:
1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125
Phone: (847) 619-7950/7951, Fax: (847) 619-7960

Office only: Decision emailed to student on: _____ *Rev. 12/2/2013*