

GRADUATE COLLEGE
Program Change Request

Student Information:

Student Name _____ Date _____
Student ID Number _____ Email _____

Instructions:

Purpose: The *Program Change Request (PCR)* form is to be used by a student who is in a graduate degree or program/track at Boise State University and who would like to be dropped from that program/track and be admitted into a different degree or program/track within the same field of study

Program Change Information:

I am a student currently in the following program:

I would like to be taken out of the graduate program listed above and be evaluated for the following new program:

Reason for the proposed change:

Signatures:

Student _____ Date _____
Signature _____ Print name _____

Approved / Disapproved

Program Coordinator _____ Date _____
Signature _____ Print name _____

Graduate College _____ Date _____
Signature _____ Print name _____

Boise State University, Graduate College, Riverfront Hall, Room 307, 1910 University Drive, Boise, ID 83725-1110. Office hours are 8:00 a.m.-5:00 p.m. Monday-Friday.
Telephone: Local 208-426-3903, Toll Free 1-800-824-7017, Fax 208-426-2789. Email: gradcoll@boisestate.edu. Website: <http://graduatecollege.boisestate.edu/>.

Distribution: Original to Graduate College; Program Coordinator, and Student.