GEORGETOWN UNIVERSITY
GRADUATE SCHOOL OF ARTS & SCIENCES

Student Petition for Change to Program

Student Information:

Student I.D. Number:			
Student Name: (As it appears on your transcript)			
Address:			
New Address? ☐			
E-Mail Address:		**Phone Number:**	
Current Degree:			
Current Major:			
International Student?	**Yes** ☐ **No** ☐		

Change of Status Requested:

☐ **Change of Degree**
Will you be completing your current degree?
☐ Yes ☐ No

☐ **Extension of Time**
Please note that a letter of support from your thesis/dissertation mentor is required in addition to this form (it may be emailed to gradacadaffrs@georgetown.edu).
Fall: _____
Spring: _____
Summer: _____

☐ **Leave of Absence**
Fall: _____
Spring: _____
Summer: _____

☐ **Transfer of Credit**
* Official Transcript Required

☐ **Advanced Standing**
* Official Transcript Required

☐ **Other Requests**
* Please Explain

Details of / Reason for Request:

The above change should start during:

Fall: _____
Spring: _____
Summer: _____

I understand that if my request is not approved, I will remain in my present department working toward my current degree.

_____ _____
Student Signature *Date*

For Department or Program Use Only	For Graduate School Use Only
☐ Approved ☐ Denied ☐ Conditions: _____ _____ _____ _____ *Director of Graduate Studies* _____ *Date*	☐ Approved ☐ Denied ☐ Conditions: _____ _____ _____ _____ *For the Dean* _____ *Date*