UNIVERSITY OF MARYLAND College of Education Graduate Studies

Memoran	ldum		
TO:	Graduate School		
FROM:	Associate Dean, College of Education		
DATE:			
RE:	Change of Graduate Degree		
Student's	Name	UID Number	
Departme	ent Program	Last Term Enro	lle <u>d</u>
This is a i	request to change the admission status from the degree	ofto the	degree.
Please ho	onor this request.		
Any cours Program	view the following and check the statement that is applicable to sework changes that occur as a result of the degree opti form. If an Approved Program form (doctoral or master's than the one you are changing to, then you must file a re	on change must be refle s) was previously sub im	itteeding a degree
I have not submitted an Approved Program form to the Student Services Office.			
A previously Approved Program for was submitted to the Student Services Office indicating completion			
of the degree. If you have checked this space, you must check and complete the following:			
A	A revised Approved Program indicating the degr	ee optionhat I am chang	ging to, is attached.
For docto	oral students, only:		
Advanced	d to Candidacy yes	no	
	octoral students changing from the Ed.D. to the Ph.D. ma nd may have a	y have additional test r	equirements such as the