



This application requires signatures where necessary.

Student ID: _____ (9) _____ Date: _____

(please print)

Last Name: _____ First Name: _____ MI: _____

Telephone Number: _____ Expected Graduation Date: _____

(check one) _____ JD _____ LLM _____ MIP

Email Address: _____

Change of Program Requested:

Changing from: _____
Current Degree

Changing to: _____
New Concentration

Graduate Program LLM or MIP students must have signature of the Director of Admissions.

Director Signature: _____

Date Approved by Director: _____

Change of Program Effective Date: _____

Student Signature: _____ Date: _____