GEORGE MASON UNIVERSITY
The Volgenau School of Information Technology and Engineering Student Services
MS: 5C8, Room 160, Science & Technology Bldg. II, Fairfax, VA 22030-4444 Phone: (703) 993-1505, FAX: (703) 993-1633

Graduate: Change of Program or Degree Status

_____ _____ _____
Student Name (First, Last) Student ID Number Date

_____ _____
Email Address Daytime Phone Number

- I am a currently enrolled student in a Volgenau School graduate degree program and would like to transfer into another Volgenau School graduate degree program.
- I have read GMU's policy on graduate level transfer credit and understand that all previously transferred credits as well as GMU Non-degree credits *are not applicable to the new program* unless specifically approved on a separate *Transfer of Graduate Credit* form
- I understand that my catalog year, candidacy and graduation deadline dates will remain the same as in my current degree program.
- I understand that I must fulfill the residency requirements for the new program. A minimum of 18 credits must be taken after transferring into a new MS program. At least half of the total hours for a PhD program (usually 37 credits) must be taken after transferring into a new PhD program.
- My signature also grants permission to transfer my file to the new department for evaluation.

Please Change Program or Degree Status

FROM		**TO**	
Old Degree:	Program: Concentration:	New Degree:	Program: Concentration:
With Status: ☐ Degree ☐ Provisional		**With Status:** ☐ Degree ☐ Provisional	

* **This form cannot be used to transfer from non-degree to degree status. Non-degree students must submit a full graduation application and all required supporting documentation.**

Justification/Comments: _____

_____

Please note that if this form is being used to change a student's provisional status to degree status only the current department chair' signature is required.

____Approved ____Disapproved _____ _____
Student's Signature Date

____Approved ____Disapproved _____ _____
Current Academic Advisor Date

____ Approved ____ Disapproved _____ _____
Department Chair or Program Director – PROPOSED Date

____ Approved ____ Disapproved _____ _____
Department Chair or Program Director – CURRENT Date

____ Approved ____ Disapproved _____ _____
Daniel A. Menascé, Senior Associate Dean Date

Submit approved forms to: Registrar, MS: 3D1