<b>Change of Graduate Program Form</b> Tel: 631-632-7050 Fax: 631-982-7311 E-mail: SPD@stonybrook.edu		School of Professional Development (SPD) Stony Brook University 2321 Computer Science Building Stony Brook, NY 11794-4310 Please type or print <u>carefully</u>
Deadline:	lline: Submit this completed form to SPD <u>before the first day of classes</u> of the first semester indicated for the New Degree Program. Forms received after this date will be denied.	
Note:	This form can only be promulgated after admission to a new program or becoming a Non-matriculated Graduate Student (GSPNM). Changing your Graduate Program will result in the original program being discontinued without a degree being posted. If this is not your intention, please consult with your program director or the School of Professional Development. International students must have the permission of an International Student Advisor for this form to be processed and approved.	
Stony Brook (SB	3) ID #	Date
Name	Last First Mi	Phone
E-mail		
Are you a U.S. citizen? Yes No If no, please indicate your Visa status:		
Signature of VIS Advisor:		
Old Degree Pro	gram – Please indicate whether online or traditional	Final Semester and Year of Degree Program
		Fall Spring Summer 20
<u>New Degree Program</u> – Please indicate whether online or traditional		First Semester and Year of Degree Program
		(Circle One) Fall Spring Summer 20
I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.		
Signature of Student Date		
The following section must be completed with the appropriate signatures. STUDENT: DO NOT WRITE BELOW LINE.		
Old Program Ad	visor Signature	Print Name Date
Old Program Dir	Signature	Print Name Date
New Program Ad	dvisor Signature	Print Name Date
New Program Di	rector	Print Name Date
	Approved & Processed	
		ssional Development (SPD) Date BD 06072012