



OFFICE OF GRADUATE ADMISSIONS

Change of Graduate Program Form

BSU Student ID Number _____

Name: _____
Last First Middle/Initial

Phone: _____
Work (Area Code & No.) Cell (Area Code & No.)

BSU Email Address: _____

Personal Email Address: _____

I wish to officially change my graduate program

From: _____
Graduate Program Concentration

To: _____
Graduate Program Concentration

Have you attended any other colleges/universities since your admission to BSU?

☐ Yes* ☐ No

*If yes, please list the institutions that you attended and submit an official academic transcript from each:

College/University	City, State	Dates Attended
_____	_____	_____
_____	_____	_____

Student Signature _____

Date _____

Please complete and return to the Office of Graduate Admission