

## Online Request for Change of Department

*Email completed form with all required signatures to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).*

### Directions:

1. Visit the department/school to which you want to transfer so that you can discuss degree requirements and your potential fit in that graduate program.
2. If the department wishes to see your credentials, they should request copies from your current department or request a copy in writing from The Graduate School. The Graduate School does not release records directly to you.
3. If the new department approves your transfer, you and the chair of the new department, as well as your current department chair or graduate advisor, sign this form in the appropriate spaces. You then send this form to The Graduate School, at [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu). You must submit requests during a regular semester or summer term (not between semesters) if you want them to be effective for the next semester of enrollment. (Example: A request to The Graduate School before fall commencement will be effective for the spring semester.)
4. The Graduate School will process only one request for Change of Degree Program per semester.

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### To Be Completed by STUDENT and HOME DEPARTMENT:

|                    |                      |                                      |             |
|--------------------|----------------------|--------------------------------------|-------------|
| LSU Student ID     | Last Name            | First Name                           | Middle Name |
| Current Department | Requested Department | Degree to Be Obtained (MS, MA, Ph.D) |             |

Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons?    ☐ Yes    ☐ No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair or Graduate Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by REQUESTED DEPARTMENT:

|                                      |                                               |
|--------------------------------------|-----------------------------------------------|
| Department                           | Student's Name                                |
| Degree Type (M.S., M.A., Ph.D, etc.) | Curriculum Code (Verify Code with Department) |

Chair or Graduate Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by ISO:

International Services Office (ISO) Signature: \_\_\_\_\_  
(Required only for F1 or J1 Students)

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### For Graduate School Use Only:

Updated by: \_\_\_\_\_ Date: \_\_\_\_\_ Sent copies to departments: \_\_\_\_\_