



DEPARTMENT OF COUNSELOR EDUCATION & STUDENT AFFAIRS  
Old Main A-Wing, Room 420

# PROGRAM CHANGE REQUEST FORM

*Note: Students must meet with current program advisor prior to submitting request.*

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

\_\_\_\_\_ I am requesting a program change from one degree to another (e.g. M.A. Counseling: Clinical Mental Health Counseling, to M.A. Counseling: Marriage, Couple & Family Counseling), and have met with my advisor to discuss my understanding of the requested program (Advisor and Committee approval required.)

\_\_\_\_\_ I am requesting a change from Certification to Licensure or from Licensure to Certification, and have attached a brief rationale for the requested change. (Advisor approval only required.)

**Current Program**

**Change to**

**Requested Program**

- \_\_\_ M.A. Counseling: Addiction
- \_\_\_ M.A. Counseling: Clinical Mental Health
- \_\_\_ M.A. Counseling: Marriage, Couple, and Family
- \_\_\_ M.S. School Counseling - Certification Track
- \_\_\_ M.S. School Counseling - Licensure Track
- \_\_\_ M.Ed. Student Affairs in Higher Education

- \_\_\_ M.A. Counseling: Addiction
- \_\_\_ M.A. Counseling: Clinical Mental Health
- \_\_\_ M.A. Counseling: Marriage, Couple, and Family
- \_\_\_ M.S. School Counseling - Certification Track
- \_\_\_ M.S. School Counseling - Licensure Track
- \_\_\_ M.Ed. Student Affairs in Higher Education

*All approved program and/or advisor changes will be officially made by the Registrar's Office.*

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

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**OFFICE USE ONLY**

\_\_\_\_\_ **Approved by Advisor**

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_ **Approved by Department Committee**

\_\_\_\_\_  
Department Chairperson Signature Date

\_\_\_\_\_ **Assign New Advisor:** \_\_\_\_\_

\_\_\_\_\_ **Denied --- Reasons/Recommendations:** \_\_\_\_\_

Updated: 11/1/21