

# GRADUATE - CHANGE OF PROGRAM

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Change of Program For Students changing Program  
Must have both the old and new Department Chair's signature

Update Catalog Year For students who would like to be on the current years catalog

<p><b>Change from:</b> Current Graduate Program</p> <ul style="list-style-type: none"> <li><input type="radio"/> Color and Materials Design</li> <li><input type="radio"/> Integrated Design</li> <li><input type="radio"/> Interaction Design</li> <li><input type="radio"/> Transportation Design</li> </ul>	<p><b>Change to:</b> Proposed Graduate Program</p> <ul style="list-style-type: none"> <li><input type="radio"/> Color and Materials Design</li> <li><input type="radio"/> Integrated Design</li> <li><input type="radio"/> Interaction Design</li> <li><input type="radio"/> Transportation Design</li> </ul>
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The student named above has transferred in to the \_\_\_\_\_ department,  
 effective as of the \_\_\_\_\_ semester.

Based on a review of the student's Academic Evaluation (Degree Audit), the following credits have been awarded.

**Prior Department Courses** fulfills the requirements for **New Department Course**

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(Old) Department Chairperson Signature/Date

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Student Signature/Date (New) Department Chairperson Signature/Date

Entered in Colleague

*For Office Use:*  
 Changed in Academic Record by: \_\_\_\_\_  
 Date Changed : \_\_\_\_\_  
 Emailed Student on Date: \_\_\_\_\_

*Return this form to:*  
 aaro@collegeforcreativestudies.edu  
 Academic Advising & Registration Office  
 College for Creative Studies/ 201 E. Kirby St, Detroit MI 48202