

Date _____

The Graduate School

102 W. Rosedale Avenue, West Chester, PA 19383 Ph: 610-436-2943 Fx: 610-436-2763 e: gradschool@wcupa.edu www.wcupa.edu/grad

REQUEST TO CHANGE DEGREE PROGRAM

This form is for current graduate students requesting to change their active degree program to a new degree program. Newly admitted students should not use this form and should contact GradAdmissions@wcupa.edu if interested in changing degree program after admission.

Last Name				
First Name	MI			
WCU I.D. #	Email			
Program Curriculum:				
Current Program I am in:				
Program I want to switch to: _				
Please save and submit this fo program to gradschool@wcup as tests scores, writing sample requirements in the Graduate	oa.edu. You may a es, or Instructional	lso need to supply a l I certifications. Rev	idditional documenta view the program ad	ation such

Please note: The completion of this form does not guarantee acceptance into the new degree program.

It is recommended that you contact your current Graduate Coordinator and the Graduate Coordinator of the program you wish to change to prior to submitting this form.