

Revised June 23, 2023.

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Application for Change of Program and/or Concentration

NOTE: This form can only be used for changes within programs (e.g., MA to MS, advisor change). Students who wish to change to a different program must complete an application for admission to the new program.

Name:				Student ID #:	
Last		First	M.I.	_	
Current Degree Type	/Concentration:				
New Degree Type/Co	oncentration:				
New Degree Catalog	Year:				
Effective Term:					
Effective Year:					
Reason for Change:					
Student:	Printed Name	Sign	nature	Date	
Program Director:					
	Printed Name	Sign	nature	Date	
		Required Ap	provals		
New Advisor:					
	Printed Name	University ID	Signature	Date	
Department Chair:	Printed Name	Sign	nature	Date	
Academic Dean:	1 Timeu Ivame	Sigi	iai i	Duic	
Academic Dean.	Printed Name	Sign	nature	Date	
Email to the Office department or college		istrar@indstate.edu. Forr	ns will only be accepted w	hen emailed from the	
Copy to be retained	in ImageNow.				