

UNIVERSITY OF MISSOURI-ST. LOUIS
THE GRADUATE SCHOOL

Petition for Change in Degree Program (G-8)

Title of Degree: _____ Department or School: _____

Student Name: _____ Number: _____

ADD				DROP		
Number	Title	Hours		Number	Title	Hours

Student Date

Chair/Director of Graduate Studies Date

Advisor Date

Graduate Dean Date

This form is appropriate for a Master's, Doctoral, or Certificate Program.