

Request for Change of Status

I am currently in a graduate degree program at Western Illinois University and would like to change my program of study. If appropriate please transmit my admission materials to the following department so they may consider my admission into their program.

OR

I am currently a non-degree graduate student and would like to apply to a degree program. Please transmit my admission materials to the following department so they may consider my admission into their program.

- | | | |
|--|---|--|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Educational Leadership (EdD) | <input type="checkbox"/> Museum Studies |
| <input type="checkbox"/> Applied Statistics and Decision Analytics | <input type="checkbox"/> Ed & Interdisciplinary Studies | <input type="checkbox"/> Music |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Engineering Technology Leadership | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> English | <input type="checkbox"/> Psychology – General |
| <input type="checkbox"/> College Student Personnel | <input type="checkbox"/> Environ. Sci.:Large River Ecosystems (PhD) | <input type="checkbox"/> Psychology – Clinical/Comm. Mental Health |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Geography | <input type="checkbox"/> Psychology – School |
| <input type="checkbox"/> Communication Sciences and Disorders | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Community and Economic Development | <input type="checkbox"/> History | <input type="checkbox"/> Recreation, Park & Tourism Administration |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Instructional Design and Technology | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Counseling (School, Clinical Mental Health) | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Law Enforcement & Justice Adm. | <input type="checkbox"/> Sport Management |
| <input type="checkbox"/> Educational Leadership (MS Ed) | <input type="checkbox"/> Liberal Arts and Sciences | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Educational Leadership (EdS) | <input type="checkbox"/> Mathematics | |

Other:

- Second bachelor's degree (specify degree):
 Post-baccalaureate certificate (specify certificate):
 Non-degree

Name: _____ WIU ID No.: _____

Current address: _____

Email address: _____ Phone number: _____

If currently a graduate degree-seeking student, do you intend to complete your current program before beginning a new program of study? Yes No

If applicable, do you wish to have your previous goals statement and letters of recommendation forwarded to the new program indicated above? Yes No

Semester to begin program: _____ Primary attendance location: Macomb Quad Cities Other

Today's date: _____

Student Certification (This certification must be signed before action can be taken on this request.) I certify that the statements I have made on this form are correct and complete.



Signature: _____