

**GRADUATE SCHOOL OF EDUCATION
UNIVERSITY OF PENNSYLVANIA**

REQUEST FOR CHANGE OF DEGREE/SPECIALIZATION

Complete this form and submit with a statement of purpose to the Office of the Assistant Dean for review. The Committee on Degrees must review requests for change of degree within the same area of specialization.

Name: _____ Penn ID#: _____

Address: _____ email: _____

_____ Telephone#: _____

Division/Specialization: _____ Date: _____

Present Degree Status: Ph.D. _____ Proposed Degree Status: _____

Ed.D. _____ Requested Term of Change: _____

Attach a statement of purpose describing academic interests and career goals.
Reason for change:

Recommendation of Advisor: Approve: _____ Deny: _____

Additional requirements to be met:

Advisor's Signature: _____ Date: _____

Recommendation of Division Chair: Approve: _____ Deny: _____

Chair's Signature: _____ Date: _____

Required for change of degree within specialization only:

Action of Committee on Degrees: Approve: _____ Deny: _____

Other action:

Signature of Assistant Dean: _____ Date: _____

cc: Admissions Office
Division Coordinator
Student Records Office