

Program Change Request

This form is for current College of Science and Health graduate students who wish to change their graduate program **within** a College of Science and Health academic department. If you are applying to a program in a different academic **department, school, or college**, you will need to complete the online application at www.depaul.edu/apply. Additional application materials may be required at the discretion of the program director.

For requests to change graduate programs **within** a College of Science and Health department, please enter information and return via email to CSHAdvising@depaul.edu – Attn: Associate Director of Graduate Student Services.

Name:		DePaul ID Number:	
Address:			
City:		State:	Zip:
Daytime Phone:		Home Phone:	
Email:			
Department of Biological Sciences			
Current Program		Desired Program:	
<input type="checkbox"/> M.A. in Biological Sciences		<input type="checkbox"/> M.A. in Biological Sciences	
<input type="checkbox"/> M.S. in Biological Sciences		<input type="checkbox"/> M.S. in Biological Sciences	
Department of Chemistry			
<input type="checkbox"/> M.S. in Chemistry – Thesis Track		<input type="checkbox"/> M.S. in Chemistry – Thesis Track	
<input type="checkbox"/> M.S. in Chemistry – Non-thesis Track		<input type="checkbox"/> M.S. in Chemistry – Non-thesis Track	
Department of Mathematics			
Current Program:		Desired Program:	
<input type="checkbox"/> M.S. in Applied Mathematics		<input type="checkbox"/> M.S. in Applied Mathematics	
<input type="checkbox"/> M.S. in Applied Statistics		<input type="checkbox"/> M.S. in Applied Statistics	
<input type="checkbox"/> M.A. in Mathematics Education		<input type="checkbox"/> M.A. in Mathematics Education	
<input type="checkbox"/> M.S. in Pure Mathematics		<input type="checkbox"/> M.S. in Pure Mathematics	
<input type="checkbox"/> M.S. in Mathematics for Teaching		<input type="checkbox"/> M.S. in Mathematics for Teaching	
Department of Psychology			
Current Program:		Desired Program:	
<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in Clinical Psychology		<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in Clinical Psychology	
<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in Community Psychology		<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in Community Psychology	
<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in Psychological Science		<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in Psychological Science	
<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in I/O Psychology		<input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. in I/O Psychology	
Student Signature:			Date: