

COLLEGE OF WILLIAM AND MARY
SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

APPLICATION FOR CHANGE OF DEGREE PROGRAM

STUDENT FIRST NAME	STUDENT LAST NAME	DEGREE PROGRAM	BANNER ID
DEPARTMENT		EMAIL ADDRESS	DATE OF ENTRY (TERM/YEAR)

Dissertation or Thesis Research Title: _____

Student Signature

Date

PLEASE ATTACH A STATEMENT TO THIS APPLICATION BRIEFLY DESCRIBING YOUR REVISED TIME TABLE FOR THE MASTER'S DEGREE AND THE REASONS YOU WISH TO CHANGE DEGREE PROGRAMS.

ADVISORY COMMITTEE RECOMMENDATION

This is to certify that members of the Committee for the above-named student recommends that he/she be allowed a change in degree programs from the Doctor of Philosophy to the **Master of Science**.

APPROVALS		
<small>(SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)</small>		
MAJOR ADVISOR NAME	SIGNATURE	DATE
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE

NEXT STEP: PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR, WATERMEN'S HALL ROOM 253
OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU FOR ACTION AT NEXT SCHEDULED AS&DC MEETING.

ACADEMIC STATUS & DEGREES COMMITTEE RECOMMENDATION:		
<input type="radio"/> RECOMMEND <input type="radio"/> DO NOT RECOMMEND		
CHAIRPERSON, AS&DC	SIGNATURE	DATE
COMMENTS (IF APPLICABLE)		
ASSOCIATE DEAN OF ACADEMIC STUDIES ACTION:		
<input type="radio"/> APPROVED <input type="radio"/> DENIED		
ASSOCIATE DEAN OF ACADEMIC STUDIES	SIGNATURE	DATE
COMMENTS (IF APPLICABLE)		

OFFICE USE ONLY:

DATE RECEIVED:	ENTERED INTO MILESTONES:	ENTERED IN BANNER:	NOTIFIED STUDENT:	PROCESSED BY: