

Change of Degree Status Petition

UCSB Graduate Division

Name: _____ Perm: _____ International Student Visa: _____
UCSB Email: _____ Current Degree(s)/Major: _____

Do you plan to complete your current degree and/or credential program? Yes No
If yes, list the degree(s) and quarter/year of expected completion:
Financial support for the upcoming year (employment, fellowship/grant):

I am petitioning to:
ADD a Master's Degree
Type Master's Objective (Ex: MA, MS, MED, MES, MM, or MTM):
Major (include emphasis):
ADD the following Credential, Emphasis or Certificate:
DROP this degree objective/major, emphasis, credential or certificate:

By signing below, I confirm and acknowledge that:

1. A non-refundable \$20 petition fee will be charged to my BARC account only for additions, not drops. I have consulted with my current department, and if applicable, the proposed new department
2. I understand the course/timeline requirements of any objective that I am adding including
3. I have consulted and understand any financial implications that related to this action
4. I have obtained all required signatures
5. I have attached my unofficial UCSB transcript and a coursework plan for fulfilling both degrees

Student Signature: _____ Date: _____

Current Home Department Chair or Faculty Graduate Advisor. By signing below, I confirm my approval of the student's request. If the request is denied, I've attached a signed statement with the denial reason.

Name: _____ Signature: _____ Date: _____

Interdisciplinary Emphasis or Certificate Program Advisor. By signing below, I confirm my approval of the student's request. If the request is denied, I've attached a signed statement with the denial reason.

Name: _____ Signature: _____ Date: _____

The New Department Chair or Faculty Graduate Advisor. By signing below, I confirm my approval of the student's request. If the request is denied, I've attached a signed statement with the denial reason.

1. Department time-to-degree standards have been discussed with the student: Yes No
2. Financial support has been discussed with student: Offered- type of support: Not Offered
3. We recommend the following start quarter and year:
(Start quarter/year should be the quarter/year of first course taken that will be used toward new degree)

Name: _____ Signature: _____ Date: _____

OISS Staff Name: _____ Signature: _____ Date: _____

Graduate Division Use Only: Approve Deny

Signature: _____ Date: _____

Notes: _____ Non-refundable \$20 petition fee: _____