



Academic Partnerships

# Graduate Degree Program Student Status Change Form

Date: \_\_\_\_\_

<b>Student Information:</b>	Name: _____	Student ID: _____
Current Major: _____		

## FILL OUT SECTION WHICH BEST FITS YOUR NEEDS

### Drop/Withdrawal/State Date Changes Information:

#### Drop Information:

Name and number of course: \_\_\_\_\_

#### Withdrawal Information:

Date of withdraw from program: \_\_\_\_\_

Change start date: \_\_\_\_\_

### Change of Major:

#### Major Information:

Current Major: \_\_\_\_\_ New Major: \_\_\_\_\_

Approval from Director of Student Services: \_\_\_\_\_ date: \_\_\_\_\_

Approval from current major department chair: \_\_\_\_\_ date: \_\_\_\_\_

Approval from new department chair: \_\_\_\_\_ date: \_\_\_\_\_

### Student Information Change:

#### New Information:

Name: NAME CHANGES WILL NOT BE PROCESSED UNLESS A COPY OF THE NEW SOCIAL SECURITY CARD IS EITHER FAXED OR EMAILED DIRECTLY TO THE RECORDS DEPARTMENT.

Fax: 409-880-7429 \* Email: [luap-grrecords@lamar.edu](mailto:luap-grrecords@lamar.edu)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

All changes are subject to verification and approval. Submit form to [luap-graded@lamar.edu](mailto:luap-graded@lamar.edu) or [luap-grrecords@lamar.edu](mailto:luap-grrecords@lamar.edu). Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at <http://degree.lamar.edu>.