



Academic Partnerships

Graduate Degree Programs Student Status Change Form

Today's Date: _____

Student Information: Name: _____ Student ID: _____

Current Major: _____

FILL OUT SECTION WHICH BEST FITS YOUR NEEDS-We cannot process incomplete forms.

Drop/Withdrawal/Start Date Changes Information:

Are you dropping? Which course? If more than one, list all. Drop Information: Ex. ENGR 2302

Prefix and number of course: _____ Prefix and number of course: _____

Withdrawal Information:

Are you withdrawing from Lamar University? Yes _____ No _____

Date of withdraw from program and university: _____

Do you want to change your Start Date? If yes, supply date you want to start: (mmddyyyy) _____

Change of Major:

Change Major Information: approvals will be obtained by Advisory staff

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: luapgrrecords@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 or luapgrrecords@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>.