



## Graduate Degree Programs Student Status Change Form

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

**Student Information:** Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

### FILL OUT SECTION WHICH BEST FITS YOUR NEEDS

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

Are you dropping? Which course? If more than one, list all. Drop Information: Ex. EDLD 5302

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: \_\_\_\_\_

Start Date Change: Original start date: \_\_\_\_\_ Date you want to start: \_\_\_\_\_

#### Change of Major:

Change Major Information: approvals will be obtained by Advisory staff

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

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](mailto:luapgrrecords@lamar.edu)

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

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

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

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