



Office of the Registrar

CHANGE or DECLARATION OF GRADUATE PROGRAM

IMPORTANT NOTE: Changes to Graduate Programs are effective as follows: Fall – Change Requested Prior to August 1; Spring – Change Requested Prior to January 1; Summer – Change Requested Prior to May 1. All requests submitted after these dates will be effective the following term.

To the Student: Please complete Section 1 below and submit this form to the program into which you want to transfer. You will receive an e-mail from the Registrar's Office indicating the action taken in Section 2. If accepted, your file will be transferred to the new program office. If not accepted, the file will remain in the original program's office. If you are a student-at-large, you must check with the Admission Office to change your status to degree-seeking.

International Students: If you are in the United States on F-1 Student Visa you are required by law to report this change of major or change of program to the Office of International Programs.

**SECTION 1 - To be completed by student.** TERM REQUESTED: ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

My Home Campus is: ☐ Chicago ☐ Schaumburg ☐ Online

Current Program: \_\_\_\_\_

New Program: \_\_\_\_\_ New Concentration: Clinical Child & Family Psychology

Are you registered for this term? ☐ Yes ☐ No Did you apply for graduation? ☐ Yes ☐ No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: - To be completed by Graduate Program Director or Dean (new college)**

Note: The director of the new program may obtain a complete student file from the original program department or check electronic records in Banner to verify grade point average or other records.

New Program: \_\_\_\_\_ New Concentration: Clinical child + Family Psychology ☒ Approved\* ☐ Denied\*\*

Program Director OR Dean (Please print name): Steven Meyers

Program Director OR Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If approving this request, forward this signed form to the Office of the Registrar and request to have the student's file forwarded from the former program/college.

\*\* If the request is denied, return this form to the student.

Please submit your change of graduate form in person, by fax, or by mail to:

Office of the Registrar, Chicago:  
425 S. Wabash Ave., 1M14 Chicago, IL 60605  
Phone: (312) 341-3535, Fax: (312) 341-3660  
Email: [registrar@roosevelt.edu](mailto:registrar@roosevelt.edu)

Office of the Registrar, Schaumburg:  
1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125  
Phone: (847) 619-7950 Fax: (847) 619-7922

Office only: Decision emailed to student on: \_\_\_\_\_

Rev. 4/16/2019