



OLD DOMINION UNIVERSITY
The Graduate School

Request for
Change of Status
G2

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

Request for change of status:

- Master's Thesis to Non-Thesis Option*
- Master's Non-Thesis to Thesis Option
- Conferral of Master's Degree or Educational Specialist Degree for Student Enrolled in a Doctoral Program
(Use only for those programs in which the master's degree or educational specialist degree is linked directly to the doctoral degree)
Degree to Confer: (Degree/Program) _____
- Degree Change Request**
Current Program and Degree _____
New Program and Degree _____

Change of Status Effective Date: _____ (Semester/Year)

All requests for changes of status must be submitted prior to the intended semester of graduation and must be accompanied by a justification in writing that is attached to this form.

_____ Student's Name	_____ Student's Signature	_____ Date
_____ Thesis/Dissertation Committee Chair's Name	_____ Thesis/Dissertation Committee Chair's Signature	_____ Date
_____ Graduate Program Director's Name	_____ Graduate Program Director's Signature	_____ Date

*Student has completed _____ (up to 3 credit hours) graduate credit hour(s) of thesis research activity and approval is given for transfer of this credit to the non-thesis option track. This is optional depending on status of the student's research efforts.

_____ Graduate Program Director's Name	_____ Graduate Program Director's Signature	_____ Date
_____ Thesis Advisory Committee Chair's Name	_____ Thesis Advisory Committee Chair's Signature	_____ Date
_____ Department Chair's Name	_____ Department Chair's Signature	_____ Date

** This form may be used to move a student from one degree to another degree in programs that are directly linked by discipline. A student wishing to change to an entirely different graduate program should apply through the Office of Graduate Admissions.

_____ Graduate Program Director's Name	_____ Graduate Program Director's Signature	_____ Date
_____ Department Chair's Name	_____ Department Chair's Signature	_____ Date

Please send electronically to the Office of the University Registrar at etd@odu.edu.

Copies: Graduate Program Director
VISA (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
Student

General Graduate Form: G2
(Rev. 08/2019)