

UNIVERSITY OF MARYLAND
Department of Hearing and Speech Sciences

Memorandum

TO: Office of the Registrar
FROM: Director of Graduate Studies
DATE:
RE: **Change of Graduate Degree**

Student's Name: _____ SID#: _____

Department: Hearing and Speech Sciences Last Term Enrolled: _____

Program: _____

This is a request to change the admission status from the _____ to the _____ degree.
The original application to the Graduate School indicated the _____ degree was proposed.
Please honor this request.

For doctoral students, only:

Advanced to Candidacy _____ yes _____ no

Academic Advisor

Date

Director of Graduate Studies

Date

Department Chair

Date

(11/04)