Idaho State
UNIVERSITY

Graduate School
Application for Change of Program/Change of Status

Check One: _____Change of Status (Performance Requirements to Classified)
__X__ Change of Program (Can only be done within the ***same department. If you want a new program in a new department submit a new application and application fee for processing.***)

Bengal ID: _____

Complete Name: _____
Last First Middle

Current Mailing Address:_____
Street/PO Box City State
Zip

Email Address:_____

Current Degree and Program:_____

If you are applying for a change of program:

Degree applying for: __Master of Science _____

Program applying for: ___Human Resource Development (HRD)_____

I certify that the foregoing information is true, complete and correct. I understand that my Change of Status and/or Change Program are based on the validity of these statements. I agree to abide by and be subject to all rules, regulations, and policies of Idaho State University.

Signed_____ Date_____

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