

Name of Student: _____

Student T #: _____

Student email: _____@students.tntech.edu

Change FROM: _____
Degree Level (MA, MBA, MEd, MPS, MS, MSN, PSM, EdS, PhD)

Major

Concentration

Change TO: _____
Degree Level (MA, MBA, MEd, MPS, MS, MSN, PSM, EdS, PhD)

Major

Concentration

By affixing my signature below, I am giving permission for College of Graduate Studies to change the major and/or concentration as requested above. I also understand that there may be additional admission criteria for the new major/concentration that I must meet. _