

Marywood University

SCRANTON, PENNSYLVANIA 18509

ACADEMIC GOAL CHANGED WITHIN DEPARTMENT AUTHORIZATION FORM

Procedure: Complete student portion of this form, obtain the signature of your Graduate department chairperson and submit the completed form and appropriate fee to the Office of Graduate Academic Records.

I. TO BE COMPLETED BY THE STUDENT:

Name : _____ SSN: _____
Address: _____ Phone: _____

Graduate Department: _____
Present Academic Goal: _____
Requested Academic Goal: _____
Signature: _____ Date: _____

II. GRADUATE DEPARTMENT CHAIRPERSON:

I have reviewed and accepted the student's academic goal change.
If the student has not written the requested academic goal correctly above,
please indicate below how it should appear on the permanent transcript

ACADEMIC ADVISOR IS: _____
Chairperson's Signature: _____ Date: _____

ACADEMIC RECORDS:

Change of academic goal fee received by _____ Date: _____
Academic goal changed from _____ to _____
By _____ Date: _____

CC: **White** - Academic Records
Yellow - Academic Department
Pink - Student
Gold - Dean