



Office of the Registrar
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GRADUATE

CHANGE OF PRIMARY GOAL WITHIN DEPARTMENT

All information is required to process the change of goal.

Student Information

Last Name	First Name	Initial	
Street Address	City	State	Postal Code
(_____) _____	_____		
Preferred Contact Phone Number	Student Identification Number		

Student Certification

I affirm that I am changing my primary goal as stated below.

Signature of Student	Date
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Goal Information (To be completed by the student's department chairperson)

By my signature, I approve the students change of program as indicated below.

Current Primary Goal: _____

New Primary Goal: _____

New Advisor: _____

Signature of Department Chairperson: _____

Office Use Only

Goal Changed: ____/____/____ By: _____ Goal Change Verified: ____/____/____ By: _____