GRADUATE CHANGE OF PROGRAM FORM

This form is to be used for any student who is changing graduate programs OR changing from Traditional Route to Alternative Route.

Section A: Student should complete all information in Section A. After all information is completed this form should be submitted to the current Graduate Advisor.

Name _____WKU ID #_____

Advisor Name_____   GPA_____

Current Program_____

Hours Completed_____   Expected Graduation Date_____

New Program Requested _____

Reason for Program Change_____

☐ I verify the above is true and accurate to my knowledge.

STUDENT SIGNATURE_____

Section B: Current Graduate Advisor should complete all information in Section B. After all information is completed this form should be submitted to the School of Teacher Education Office.

New Program Admission Date_____

GPA (Based on admission to new program)_____

Student currently enrolled in coursework for new program? ☐Yes   ☐No

Student Meets Current Teacher Admissions Requirements? ☐Yes   ☐No
    Current Passing Standardized Testing Scores ☐
    TB Exam (no older than 1 year) ☐
    Physical Exam (no older than 1 year) ☐
    Kentucky State Police Criminal Background Check (no older than 1 year) ☐

ADVISOR SIGNATURE_____

Section C: For School of Teacher Education Office Use Only.

Student has met Current Teacher Admissions Requirements? ☐

    Current Passing Standardized Testing Scores _____

    Praxis I Exam Date _____
        Reading_____
        Writing_____
        Mathematics_____

    GRE Exam Date_____
        Verbal_____
        Quantitative_____
        Analytic Writing_____

    TB Exam (no older than 1 year) _____

    Physical Exam (no older than 1 year) _____

    Kentucky State Police Criminal Background Check (no older than 1
    year)_____

Student information appears correct? ☐

DEPARTMENTAL DESIGNEE SIGNATURE_____

Section D: For Teacher Services Office Use Only.

Student has been admitted into the EPSB's database Date_____

DEPARTMENTAL DESIGNEE SIGNATURE_____