



Office of the Registrar  
 University of Massachusetts Boston  
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 www.registrar.umb.edu

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**GRADUATE  
 CHANGE OF PROGRAM FORM**

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- Students who are currently enrolled in a graduate program and would like to withdraw from their current program in order to enter another program must complete this form. It is your responsibility to contact your current program to ensure that a copy of your file is sent to your new program of interest. Please be aware that there may be additional admission requirements to fulfill that were not required by your current program. Before getting signed out of your current program, you may want to make sure that you are accepted into your new program. Upon acceptance or denial to the new program, the Graduate Program Director must sign below and this form must be submitted to the One Stop, Campus Center, Upper Level, for processing.
- Students who are in **Graduate Certificate program** and would like to enter a graduate program as a **matriculated student** must complete the **graduate admission application**.
- International Students need to contact Office of Global Programs, located at the Campus Center, Second Floor, Room 2100 or 617-287-5586 for new I-20 information

Name: \_\_\_\_\_

UMass ID: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

New Graduate Plan of Interest: \_\_\_\_\_

New Graduate sub plan of Interest (if applicable): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director (new program), please check one:

I **accept** the above mentioned student into my graduate program.

I **do not accept** the above mentioned student into my graduate program.

New Graduate Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Graduate Program Director Name (printed): \_\_\_\_\_

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**Current Graduate Program**

I am aware that the above mentioned student is withdrawing from my graduate program and plans to enroll in another graduate program.

Current Graduate Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

One Stop/Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_