

**College of Pharmacy
Office of Graduate Programs
CHANGE OF DEGREE FORM**

*This form should be completed by the graduate student, signed by all parties, and returned to the Office of Graduate Programs, either in MBS P3-20 or by email at GraduatePrograms@cop.ufl.edu. No forms will be processed without a signature.
If you are adding a new degree segment, you will also need to submit a Supervisory Committee Change Form.*

Student Name:

UFID:

Faculty Advisor Name:

Dept:

Change Current Degree Track

Current Degree Track:

PhD

New Degree Track:

PhD

MSP

MSP

Keep concurrent degree?

Add/Remove Minor

Minor Action:

Add

Change

Remove

Minor Concentration:

Minor Committee Member:

Minor Committee Member UFID:

If changing minor, please provide details here:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Graduate Coordinator Signature: _____ Date: _____