

PITTSBURG STATE UNIVERSITY  
Office of Graduate and Continuing Studies  
*Request for Degree Changes*

Department/School of \_\_\_\_\_ College \_\_\_\_\_ Date Submitted \_\_\_\_\_

Degree Program \_\_\_\_\_ Effective Date \_\_\_\_\_

Request for change (check all that apply):

Offer current graduate degree 50% or more online.

Complete any other sections that apply

Options Available and Number of Hours Required	<u>Existing</u>	<u>Proposed</u>
I Thesis	_____ Hours	I Thesis _____ Hours
II Applied Research	_____ Hours	II Applied Research _____ Hours
III Course Work	_____ Hours	III Course Work _____ Hours

Additional Degree Requirements

i.e. comps, oral review, portfolio

\_\_\_\_\_

\_\_\_\_\_

Degree Course Requirements\*

Course(s) to be added to candidacy

\_\_\_\_\_

\_\_\_\_\_

Course(s) to be deleted from candidacy

\_\_\_\_\_

\_\_\_\_\_

Course(s) to be moved from elective to required on candidacy

\_\_\_\_\_

\_\_\_\_\_

\*Please also complete the Request for Creation of Course form for any new courses your department is adding to the catalog and the Request for Deletion of Course form for any courses your department wishes to delete from the catalog.

Why are these changes being made?

Date \_\_\_\_\_ Signature, Departmental Curriculum Committee Chairperson \_\_\_\_\_

Date \_\_\_\_\_ Signature, College Curriculum Committee Chairperson (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Signature, Council for Teacher Education Chairperson (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Signature, Dean of College \_\_\_\_\_

Date \_\_\_\_\_ Signature, Graduate Council Chairperson \_\_\_\_\_

Approved for effective date: \_\_\_\_\_

Once approved, this information will be submitted to the Registrar's office for catalog changes.