The University of Texas Rio Grande Valley
Graduate College

CHANGE OF GRADUATE PROGRAM COORDINATOR

Academic Year: Select Academic Year

What date will this change take effect? _____

Name of Program (s): _____

Name of Certificate (s), if applicable: _____

Current Graduate Program Coordinator's Information:	
Full Name	
Position/Rank	
Phone #	
Employee ID	
End Date (mm/dd/yyyy)	
Signature	

Incoming Graduate Program Coordinator's Information:	
Full Name	
Position/Rank	
Phone #	
Employee ID	
Start Date (mm/dd/yyyy)	
Signature	

Proposed length of time in the position for the incoming GPC.

- ◯ Interim from ____/____/____ to ____/____/____
- ◯ For Academic Year Select Academic Year

Approvals	Signature	Date
Dept Chair		
Academic College Dean or Designee		
Veronica Ramirez, Executive Director of Graduate Studies Graduate College		