

CHANGE OF GRADUATE PROGRAM COORDINATOR

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 (drop down menu)

Approvals	Signature	Date
Dept Chair		
Academic College Dean or Designee		
Rene Layton, Financial Manager, Graduate College		