THE UNIVERSITY OF TEXAS AT AUSTIN
Application for Admission to Another Graduate Major

This application is to be used by former or current graduate students of the University of Texas at Austin.

PLEASE FILL IN THIS FORM COMPLETELY BY TYPING OR USING A MEDIUM POINT, BLACK INK PEN.

For Office Use Only
☐ Check/Money Order
☐ Approved L.O.A. Form attached.
_____
Amount _____
☐ Credit Card Payment

1 NAME: (Give full legal name, without abbreviations, as it appears on official documents such as Selective Service papers, license applications, etc.)

Last Name | First Name | Middle Name

2 THIS APPLICATION IS FOR:
☐ Fall ☐ Spring ☐ Summer 2 0 __ Year

3 SOCIAL SECURITY NUMBER: ___ - __ - ____

4 DATE OF BIRTH: __ - __ - __
Month Day Year

5 SEX: ☐ Male ☐ Female

6 OTHER LAST NAMES (under which you were enrolled at UT, which you now use, or which may appear on documents to be sent to UT.)
A. _____
B. _____

14 PERMANENT ADDRESS: (All mail will be sent to this address. If this address changes, please notify Graduate and International Admissions immediately)

City | State and Zip Code (U.S. only)

Country

U.S. TELEPHONE NUMBER:
If one is available.
___ - ___ - ____
Area Code Phone Number

FAX NUMBER:
If one is available.

E-MAIL ADDRESS:
If one is available.

8 CITIZENSHIP:
☐ U.S.Citizen ☐ Noncitizen ☐ Permanent Resident Alien

9 RESIDENCY:
☐ Texas ☐ Nonresident ☐ Foreign

If claiming Texas residency, provide city and state where you have lived since your last enrollment

From (Mo./Year)	To (Mo./Year)	Place (City/State)

10 HAVE YOU TAKEN, OR DO YOU PLAN TO TAKE COURSES PRIOR TO RETURNING TO UT? ☐ Yes ☐ No IF YES, YOU MUST SUBMIT OFFICIAL TRANSCRIPTS OF YOUR ACADEMIC WORK.

NAME OF SCHOOL	LOCATION	MONTHS & YEARS OF ATTENDANCE	MAJOR & DEGREE	DATE OF AWARD	MARK ONE OF THE FOUR SELECTIONS
		___ ___ to ___ ___			☐ Included ☐ Not Required* ☐ Sent electronically by school. Date: ☐ School has/will send. Date:
		___ ___ to ___ ___			☐ Included ☐ Not Required* ☐ Sent electronically by school. Date: ☐ School has/will send. Date:

11
Request Change FROM department: _____
TO department: _____
Graduate major code (see p. 1)

12 Degree Level Sought: ☐ Master's ☐ Doctoral ☐ Nondegree Graduate Student

13 Last semster enrolled at UT: Fall ☐ Spring ☐ Summer ☐ Year _____

14 I understand that information submitted herein will be relied upon by officials of the University of Texas at Austin to determine my status for admission and residency eligibility. I certify that the information in this application is COMPLETE and CORRECT and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of admission, and cancellation of enrollment or appropriate disciplinary action.

Signature of Applicant _____ Date _____

15 METHOD OF FEE PAYMENT:
☐ Check or Money Order enclosed.
☐ Visa: Account Number _____ Expiration Date _____
☐ MasterCard: Account Number _____ Expiration Date _____
Cardholder name as it appears on credit card _____
Cardholder Signature _____
☐ Approved Leave of Absence form enclosed.