



# Graduate Application Change Form

A \$50 non-refundable application fee is required with this form by way of U.S. credit card, check, or certified funds such as a money order or cashier's check. Make check payable to Texas Tech University and include the student's name and student identification number on the check.

Please complete the entire application by typing or printing in blue or black ink.

Student Identification Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female  
(Leave blank if unknown) MM DD YYYY

Your name should appear as it does on your passport.

Full Legal Name \_\_\_\_\_  
Family Name First Name(s) Middle Name(s)

Other names that may appear on your records: \_\_\_\_\_

### Current Mailing Address:

Street Address Line 1

Street Address Line 2

Street Address Line 3

City State/Province Postal Code

Country

Telephone Number (include country code for non-US numbers)

Email Address

City of Birth US County of Birth

US State of Birth Country of Birth

Where have you been living for the past 12 months?

City State Country

### For International Applicants Only:

Country of Citizenship \_\_\_\_\_

Anticipated Visa Type: \_\_\_\_\_ (please specify)

Are you currently residing in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate current visa status: \_\_\_\_\_

If an expiration date is listed on your I-94, please enter: \_\_\_\_\_

Are you currently on OPT? \_\_\_\_ Yes \_\_\_\_ No

If you are already in the U.S., do you plan to leave the U.S. before enrolling at Texas Tech University IF you are admitted? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is your estimated date of travel? \_\_\_\_\_

When do you wish to begin graduate studies? Year \_\_\_\_\_ \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer I \_\_\_\_ Summer II

What type of change do you want to make? Choose only **ONE**, and then please complete the section indicated.

\_\_\_\_ **Add/Change Current Application** – TTU Graduate School applicants who are not currently enrolled as graduate students and who wish to add or change their study objective or level of study. **COMPLETE SECTION ONE**

\_\_\_\_ **Change of Initial Entry Date** – TTU Graduate School applicants who wish to change the initial entry date on the application and who have **NOT** been enrolled at TTU as a graduate student. This should only be used to change your entry term for the same program as your previous application. **COMPLETE SECTION TWO**

\_\_\_\_ **Request to Be Readmitted to Graduate School**– previously enrolled TTU Graduate School students who are not currently enrolled as graduate students at Texas Tech University who wish to be readmitted to the Graduate School. **COMPLETE SECTION THREE**

**NOTE:** Please complete only **ONE** of the three sections on page 2. Completing multiple sections will cause a delay in the processing of your application.



Applicant Name: \_\_\_\_\_

TechID Number: \_\_\_\_\_

**SECTION ONE – ADD/CHANGE CURRENT APPLICATION**

**My previous Graduate School application program of study was:**

Degree  Master's Degree  Doctoral Degree Area of Study \_\_\_\_\_ **(Required)**

Primary Concentration: \_\_\_\_\_ Secondary Concentration: \_\_\_\_\_

NOTE: Some degree programs require a minimum of one concentration. Please contact your prospective department to determine if you need to enter a concentration.

Non-Degree  PGRD  GTMP  CERT\*  FCSC  CPED\*  GCRT\*

\*=Concentration required Concentration \_\_\_\_\_

Campus Location:  Lubbock  Distance Education  Other (Please specify): \_\_\_\_\_

CURRENT TTU UNDERGRADUATES ONLY: Is this a 150-hour program?  Yes  No

**Check one: I wish to  ADD or  CHANGE to the following program:**

Degree  Master's Degree  Doctoral Degree Area of Study \_\_\_\_\_ **(Required)**

Primary Concentration: \_\_\_\_\_ Secondary Concentration: \_\_\_\_\_

NOTE: Some degree programs require a minimum of one concentration. Please contact your prospective department to determine if you need to enter a concentration.

Non-Degree  PGRD  GTMP  CERT\*  FCSC  CPED\*  GCRT\*

\*=Concentration required Concentration \_\_\_\_\_

Campus Location:  Lubbock  Distance Education  Other (Please specify): \_\_\_\_\_

CURRENT TTU UNDERGRADUATES ONLY: Is this a 150-hour program?  Yes  No

**SECTION TWO – REQUEST TO CHANGE THE INITIAL ENTRY DATE FORM**

**What was your previous application program of study? Check one.**

Degree  Master's Degree  Doctoral Degree Area of Study \_\_\_\_\_ **(Required)**

Primary Concentration: \_\_\_\_\_ Secondary Concentration: \_\_\_\_\_

NOTE: Some degree programs require a minimum of one concentration. Please contact your prospective department to determine if you need to enter a concentration.

Non-Degree  PGRD  GTMP  CERT\*  FCSC  CPED\*  GCRT\*

\*=Concentration required Concentration \_\_\_\_\_

Campus Location:  Lubbock  Distance Education  Other (Please specify): \_\_\_\_\_

Have you attended or earned credit at another college/university since applying to Texas Tech University?

Yes  No If yes, list below. An official transcript is required.

College \_\_\_\_\_ City, State \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Degree Received \_\_\_\_\_

CURRENT TTU UNDERGRADUATES ONLY: Is this a 150-hour program?  Yes  No

**SECTION THREE – REQUEST TO BE READMITTED TO TEXAS TECH UNIVERSITY**

**To what program of study do you wish to be readmitted?**

Degree  Master's Degree  Doctoral Degree Area of Study \_\_\_\_\_ **(Required)**

Primary Concentration: \_\_\_\_\_ Secondary Concentration: \_\_\_\_\_

NOTE: Some degree programs require a minimum of one concentration. Please contact your prospective department to determine if you need to enter a concentration.

Non-Degree  PGRD  GTMP  CERT\*  FCSC  CPED\*  GCRT\*

\*=Concentration required Concentration \_\_\_\_\_

Campus Location:  Lubbock  Distance Education  Other (Please specify): \_\_\_\_\_

Have you attended or earned credit at another college/university since applying to Texas Tech University?

Yes  No If yes, list below. An official transcript is required.

College \_\_\_\_\_ City, State \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Degree Received \_\_\_\_\_



Applicant Name: \_\_\_\_\_

TechID Number: \_\_\_\_\_

Have you ever been dismissed, suspended or placed on probation at this or any other institution?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide a written explanation (including dates) below:

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Please continue writing on the back of this form if you need additional space.

*I certify that the information I have provided 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 acceptance, cancellation of enrollment and/or appropriate disciplinary action. I agree to notify the proper officials of the institution of any changes in the information provided. If my application is accepted, I agree to abide by the policies, rules and regulations at any college to which I am admitted. I authorize the college to verify the information I have provided.*

\_\_\_\_\_  
Applicant Signature (unsigned form will delay processing)

\_\_\_\_\_  
Date

**NO ELECTRONIC SIGNATURES ACCEPTED**