



REQUEST FOR CHANGES IN PLAN OF STUDY

FIRST NAME

LAST NAME

STUDENT ID # (SEVEN DIGITS) NETID PHONE

EMAIL

DEGREE SOUGHT FIELD OF STUDY (exactly as listed in graduate school catalog)

1. I wish to add the following courses to the Plan of Study:

Catalog Number	Course Title	Semester	Year	Credits

2. I wish to remove the following courses from the Plan of Study:

Catalog Number	Course Title	Semester	Year	Credits

3. I wish to make the following changes not covered above

4. Reason(s) for requested changes

Student's Signature _____ Date _____

	Printed Name	Original Signature (Required)
Major Advisor	_____	_____
Associate Advisor	_____	_____
Associate Advisor	_____	_____
Associate Advisor	_____	_____
Associate Advisor	_____	_____
