



## 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 \_\_\_\_\_

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|                   | <b>Printed Name</b> | <b>Original Signature<br/>(Required)</b> |
|-------------------|---------------------|--|
| Major Advisor     | _____               | _____                                    |
| Associate Advisor | _____               | _____                                    |
| Associate Advisor | _____               | _____                                    |
| Associate Advisor | _____               | _____                                    |
| Associate Advisor | _____               | _____                                    |

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