



REQUEST FOR CHANGES IN PLAN OF STUDY

First Name

Last Name

Student ID# (7 digits)

NetID

Phone

E-Mail

Degree Sought

Field of Study

(exactly as listed in graduate school catalog)

1. Add the following courses to the Plan of Study:

| Subject Area | Catalog Number | Course Title | Semester | Year | Credits |
|--------------|----------------|--------------|----------|------|---------|
|--------------|----------------|--------------|----------|------|---------|

2. Remove the following courses from the Plan of Study:

| Subject Area | Catalog Number | Course Title | Semester | Year | Credits |
|--------------|----------------|--------------|----------|------|---------|
|--------------|----------------|--------------|----------|------|---------|

3. Reason(s) for requested changes and Comments

Student's Signature

Date

Original Signature - Required

Sign Date

Major Advisor

Co-Major Advisor

Associate Advisor

Associate Advisor

Associate Advisor

Associate Advisor

Associate Advisor

Graduate School Use Only

Comments:

Received Date