



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

Subject Area	Catalog Number	Course Title	Semester	Year	Credits
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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