



REQUEST FOR CHANGE TO THE PLAN OF STUDY

Attach copy of original Plan of Study and any prior "Request for Changes in the Plan of Study"

NAME _____ ID # _____ DATE _____

TELEPHONE (_____) _____ E-MAIL _____
Area Code

Date of matriculation PROGRAM. _____

I wish to request the following changes in my Plan of Study:

DROP: No. (s) and title(s) of courses(s)

Two horizontal lines for listing dropped courses.

ADD: No. (s) and title(s) of course(s)

Two horizontal lines for listing added courses.

Other Changes:

One horizontal line for other changes.

Reasons supporting the above requests:

One horizontal line for reasons supporting requests.

Student Signature

Date

Adviser

Date

Department Chair

Date

Program Director

Date

Dean/Graduate Director of Appropriate School

Date