



REQUEST FOR CHANGE IN GRADUATE PROGRAM PLAN/PROGRAM OF STUDY

DATE _____ STUDENT ID NUMBER _____

NAME _____ MAJOR CODE _____
Last First Middle

CONCENTRATION _____

DEGREE PROGRAM _____

CATALOG YEAR _____ GRADUATION TERM _____

***An appropriate catalog year, graduation term date and advisor signature must be included on this form before approval to graduate will be granted.**

REQUIRED COURSE LISTED BY NAME IN CATALOG/DEGREE PROGRAM/AREA	SEMESTER CREDITS	COURSE TAKEN FOR SUBSTITUTION <i>(The substituted course you want applied to your degree program)</i>	SEMESTER CREDITS

REASON FOR REQUEST

STUDENT SIGNATURE _____ DATE _____

APPROVED DENIED

ACADEMIC ADVISOR SIGNATURE _____ DATE _____

ACADEMIC UNIT HEAD SIGNATURE _____ DATE _____