

Request for Change to the Plan of Study

Department _____ Department Code _____ Date _____

Name of Student _____ PUID No. _____
Last First Middle

CHANGE OPTION TO: _____ Nonthesis _____ Thesis

COURSE CHANGES

	Course No. & Abbr.	Credit Hours	Official Course Title
Delete			
Add			
Delete			
Add			
Delete			
Add			
Delete			
Add			

COMMITTEE CHANGES

	Advisory Committee Members	Department	Graduate Faculty Identifier
Delete			
Add			
Delete			
Add			
Delete			
Add			

Reason(s) for the above request:

- 1. The deleted course (_____) has been removed from the course offerings.
- 2. The course (_____) was not available in the most recent academic session.
- 3. Equivalent material will be covered in the substituted course (_____).
- 4. Conflicting course schedules (_____ and _____) have prevented registration.
- 5. Course title has been changed (_____).
- 6. Program emphasis has changed (explain). _____
- 7. Reasons for committee change. _____
- 8. Other: _____

SIGNATURES:

Student

Committee Member(s) Added

Major Professor

Committee Member(s) Deleted

Head of the Graduate Program

Academic Dean (if required)

Graduate Office Dean/Director

CHECK IF ADDITIONAL INFORMATION IS PROVIDED ON THE REVERSE SIDE OF THIS FORM.

Submit original plus one copy to the central graduate office.