

**CHANGES TO PROGRAM OF STUDY**

Name  
Street  
City, State,  
ZIP

Student ID  
Department  
  
Degree

Phone

Email

**Student:** Please obtain the signature of your advisor and return to the School of Graduate Studies for the Dean's signature. You will receive a copy when it has been approved.

**Add to Program of Study:**

**Delete from Program of Study:**

↓	<b>Add to Program of Study:</b>				<b>Delete from Program of Study:</b>			↓
<b>Dept</b>	<b>Course</b>	<b>Title</b>	<b>Credits</b>		<b>Dept</b>	<b>Course</b>	<b>Title</b>	<b>Credits</b>

**Other:**

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>	<b>Comments:</b>
<b>Advisor</b>  <b>Date</b>	

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>	<b>Comments:</b>
<b>School of Graduate Studies Dean</b>  <b>Date</b>	