

All Information Must Be Typed

Date: _____

Student's Name: _____ Z Number: _____
First MI Last

Graduate Degree: _____ Major: _____ Anticipated Graduation Date: _____

Vj gukuP qp/Vj guku< _____

This form is to be used when requesting deletion, addition or substitution of course(s) or committee member(s) on an existing Plan of Study.

Change in Courses

Courses to Remove

Courses to Add or Substitute

Course #	Course Name/Term	Cr. Hrs.	Course #	Course Name/Term	Cr. Hrs.

Change in Committee Members

Note: Current members to be removed should sign to indicate agreement.

Member(s) to be Removed (If Applicable):

 Member (Print name)

 (Signature)

 Member (Print name)

 (Signature)

 Member (Print name)

 (Signature)

Member(s) to be Added (If Applicable):

 Member (Print name)

 (Signature)

 Member (Print name)

 (Signature)

 Member (Print name)

 (Signature)

 Student (Signature) Date

Approved by:

 Supervisory Committee Chair or Graduate Advisor (Signature) Date

 Department Chair (Signature) Date

 College Dean or Designee (Signature) Date

 Dean of the Graduate College (Signature) Date