

233 Glenbrook Road, U-4077 Storrs, CT 06269-4077

Phone: 860-486-3331 Fax: 860-486-0062

Email: registrar@uconn.edu

Request for Changes in Plan of Study

Name:					
	Last	First	Mic	ddle Initial	
Student ID:		and/or NetID:	Phone:		
Email address:					
Degree sought:		Field of Study:			
I. Add the fo	llowing cour	ses to the Plan of Study:			
Subject Area	Catalog No.	Course Title	Semester	Year	Credits
. Remove th	ne following o	courses from the Plan of Study:		<u> </u>	<u> </u>
Subject Area	Catalog No.	Course Title	Semester	Year	Credits





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3. Reason(s) for requested changes and comments						
Date	Student's signature					
	ORIGINAL SIGNATURE REQUIRED	DATE				
MAJOR ADVISOR						
CO-MAJOR ADVISOR						
ASSOCIATE ADVISOR		-				
ASSOCIATE ADVISOR						
ASSOCIATE ADVISOR		-				
ASSOCIATE ADVISOR						
ASSOCIATE ADVISOR						
Office of the Registra	ar Use Only					
Comments:						
Received Date						

