

Request for Changes in Plan of Study

Name: _____
Last First Middle Initial

Student ID: and/or NetID: Phone: _____

Email address: _____

Degree sought: _____ Field of Study: _____

1. Add the following courses to the Plan of Study:

Subject Area	Catalog No.	Course Title	Semester	Year	Credits

2. Remove the following courses from the Plan of Study:

Subject Area	Catalog No.	Course Title	Semester	Year	Credits

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 Registrar Use Only

Comments:

Received Date _____