

## 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 \_\_\_\_\_