

## CHANGE IN GRADUATE PROGRAM

STUDENT'S NAME	STUDENT ID NUMBER
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	BUSINESS TELEPHONE
DATE ADMITTED	E-MAIL ADDRESS

**COURSE CHANGE(S):**

Original Course PREFIX/NUMBER	SEM HRS	SEM/YR	GRADE	Substitute Course PREFIX/NUMBER	SEM HRS	SEM/YR	GRADE

**EXPLANATION FOR CHANGE(S):** Explain below the reason(s) for the courses changes in the program.

--

**APPROVALS:** Signatures below indicate approval of change(s) listed above.

STUDENT'S NAME	SIGNATURE	DATE
COORDINATOR, GRADUATE PROGRAM	SIGNATURE	DATE