



Program of Study Course Substitution Form

(Submit to the Graduate School when there are any changes in your program of study.)

Student Name: _____ Student Number: _____

Degree Program: _____ Anticipated Date of Graduation: _____

Degree Sought: _____

The following changes are requested for the Program of Study previously approved:

DELETE

Number

Title

Hours

ADD

Number

Title

Hours

Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

Director of Graduate
Studies' Signature: _____ Date: _____

Graduate Dean's Signature: _____ Date: _____

Date copies sent to members and Director of Graduate Studies: _____