

## **CHANGE OF COURSE PLAN REQUEST**

First Nam	ne:			Last Name:			ID#	
E-mail:						Degree:		
Address:						Major Area:		
City:			State:	Zip Code:		Cognate Area:		
Country:						Date:		
Program Changes (Course# and Title, # of Credits) (1). Delete								
(2).	& Replace							
	Add							
	Reason							
	Delete							
	& Replace							
	Add							
(3).	Reason							
	Delete							
	& Replace							
(4).	Add							
	Reason							
	Delete							
	& Replace							
	Add							
	Reason							
(5).	Others as	specified bel	ow:					
APPROV	ED							
Major Advisor							Date:	
major / tavijor						Date:		
Department Chair								
 Dea	n, College	of Education	& Internation	nal Services		_	Date:	