

PROGRAM CHANGE REQUEST

FirstName: LastName:
 E-mail: ID#:
 Address: Degree: Bulletin Year:
 City: State: Zip Code: Major Area:
 Country: Concentration:
 Telephone: Date:

1. PROGRAM CHANGES ("old" from checksheet previously filed with Advancement to Candidacy)

		Number	Course Title	Swing Cr	> 500 Credits	Transfer Course
1	Old					
	New					
2	Old					
	New					
3	Old					
	New					
4	Old					
	New					

2. REVISED COURSE REQUIREMENT SUMMARY

	Swing Cr		> 500 Credits		Subtotal
Completed: Transfer		+		=	
AU		+		=	
Proposed: Transfer		+		=	
AU		+			
TOTALS					

Tour/workshop:
 Independent Study:
 TOTAL:

Note: all transfer courses must be approved by petition and an transcript in Records Office

3. GRADUATE SCHOOL

Petition Transcript

Petition

Transfer meets requirement

Meets requirements

School of Graduate Studies

Date

Advisor

Date

Dept. Chair / Program Coordinator

Date

APPROVAL

Dean, School of Education

Date