

PROGRAM CHANGE REQUEST

FirstName: <input style="width: 90%;" type="text"/>	LastName: <input style="width: 90%;" type="text"/>	ID#: <input style="width: 90%;" type="text"/>
School: <input style="width: 95%;" type="text"/>	Department: <input style="width: 95%;" type="text"/>	
E-mail: <input style="width: 95%;" type="text"/>		Degree: <input style="width: 95%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Major Area: <input style="width: 95%;" type="text"/>	
City <input style="width: 15%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	Concentration: <input style="width: 95%;" type="text"/>	
Country <input style="width: 95%;" type="text"/>		Bulletin Year: <input style="width: 95%;" type="text"/>
Telephone: <input style="width: 20%;" type="text"/>	Date: <input style="width: 15%;" type="text"/>	

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		Transfer Course
Completed: Transfer		+		=	
AU		+		=	
Proposed: Transfer		+		=	
AU		+			
TOTALS					

Tour/workshop:	<input style="width: 100%;" type="text"/>
Independent Study:	<input style="width: 100%;" type="text"/>
TOTAL:	<input style="width: 100%;" type="text"/>

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

Department Chair / Program Coordinator

Date

Dean / Director of Graduate Programs

Date

APPROVAL

Dean, School of Education

Date