

REQUEST FOR CHANGE/SUBSTITUTION ON ORIGINAL ADMISSION TO CANDIDACY FORM

Name: _____ Email: _____
 Last First MI

T#: _____ GPA: _____ Cell Phone Number: _____

Indicate degree program on original candidacy: _____

ADD:

Course Prefix & Number: _____ Course Title: _____

Course Prefix & Number: _____ Course Title: _____

Course Prefix & Number: _____ Course Title: _____

DELETE:

Course Prefix & Number: _____ Course Title: _____

Course Prefix & Number: _____ Course Title: _____

Course Prefix & Number: _____ Course Title: _____

Will this change/substitution change the graduation date? YES NO

If yes, indicate revised date: _____

This form must be submitted when a change is made in an elective course, selected by the student and the advisor. The program director must sign this form and forward it to the Graduate College for the Dean's approval.

Advisor: _____ Date: _____

Program Director: _____ Date: _____

Graduate College Dean: _____ Date: _____

Note: This form is intended for use in substituting another course for one which is specifically required by the degree program outlined in the graduate catalog.