

**DEPARTMENT OF CURRICULUM AND INSTRUCTION
COLLEGE OF EDUCATION
REQUEST FOR MODIFICATION IN GRADUATE DEGREE PLAN**

Date: _____

Name: _____ CID#: _____
Last First Maiden

Local Mailing Address: _____

_____ _____ _____
City and State Zip Code Phone

Degree: _____ MA _____ Med Program: _____

1.	Substitute:	from:	for:
2.	Substitute:	from:	for:
3.	Substitute:	from:	for:
4.	Substitute:	from:	for:
5.	Delete:		
6.	Add:		
COMMENTS:			

Graduate Advisor: _____ Approval Date: _____

Department Head Approval Date Dean, College of Graduate Studies Approval Date