

REQUEST FOR MODIFICATION TO DEGREE PLAN

COLLEGE OF GRADUATE STUDIES AND RESEARCH
ANGELO STATE UNIVERSITY

Student's Name: _____
Last First Middle

Campus ID No.: _____ Local Telephone No.: _____

Local Mailing Address: _____
City State ZIP

Catalog: _____ Degree Sought: _____

Major: _____

Signature of Graduate Advisor Date

1. Substitute _____ for _____	Approved: _____
2. Substitute _____ for _____	Approved: _____
3. Substitute _____ for _____	Approved: _____
4. Substitute _____ for _____	Approved: _____
5. Substitute _____ for _____	Approved: _____
6. Delete _____	Approved: _____
7. Delete _____	Approved: _____
	Date: _____
Explanation: _____	

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the College of Graduate Studies and Research.