Modification of Program Request
Please complete and return to Registrar

Student Name: ______________________________________ Student ID#: __________________

Degree Program/Concentration: __________________________________ Date: __________________

Type of Request: (check one)

___ A - Substitution for required core course(s): ________________________________________________

_____________________________________________________________________________________

___ B - Substitution for required track course(s): ______________________________________________

_____________________________________________________________________________________

___ C - Count transferred course toward a required course: ______________________________________

_____________________________________________________________________________________

___ D - Take more than 18(ATS)/15 (Other graduate programs) credit hours

___ E - Waive prerequisite. Please specify: ______________________________________________________

___ F – Other (please describe): ______________________________________________________________

_____________________________________________________________________________________

Reason for Request:
_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Required Signatures:

Approved Not Approved Date

____       ______        _______ Degree Program Director:

____       ______        _______ Dean of the School:

____       ______        _______ Graduate Registrar: