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CHANGE IN PROGRAM OF STUDY

Please fill out on-line or type (no handwritten forms will be accepted).

Name:	Student NSHE #:	
Graduate Program:	Degree:	Started Program: <small>Semester/Year</small>

Campus Address:
Graduate Program/Department , Mail Stop, Building, Room Number

Phone #:	E-mail:
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REMOVE: Course Number	Course Name	# of Credits	Semester/Year

ADD: Course Number	Course Name	# of Credits	Semester/Year

SIGNATURES OF APPROVAL

Student's Signature	Date
Major Advisor's Signature	Date
Major Advisor's Name (Printed)	Fax #
Graduate Program Director's Signature	Date
Graduate Program Director's Name (Printed)	Fax #
Graduate Dean's Signature	Date