

UNIVERSITY OF LOUISIANA AT MONROE

Office of the Graduate School

REQUEST FOR CHANGE IN DEGREE PLAN

NAME: _____

CWID: _____

DEGREE: _____

MAJOR: _____

GRADUATE MINOR: _____

It is requested that the following change(s) be made:

Substitute:

for

for

for

Add:

Delete:

State reason or justification in space below for change(s) in degree plan:

Approved:

Major Professor Date

Committee Member (if minor area involved) Date

Director, Graduate School Date

Distribution:

- 1.) Registrar
- 2.) Director, Graduate School
- 3.) Student
- 4.) Major Professor
- 5.) Department Head
- 6.) Committee Member (if applicable)