

CHANGE OF APPROVED PROGRAM



Revised: 04/02

Department of Educational Administration and Policy Studies
School of Education

TO: Chair, Curriculum Standing Committee, Department of Educational Administration and Policy Studies
FROM: _____ (Student Name)

Please fill out the following general information about the student

Student ID Number		Degree Program	MS	CAS	Ph.D.
Address					
City		State		Zip	
Phone (Home)	()	Phone (Work)	()		
Email					

Permission is requested to make the following changes in my approved program:

From:	To:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature, Student Date

Signature, Advisor Date

Action Taken:

- ___ NOT GRANTED
- ___ GRANTED with the following stipulations (if any):

Signature, Chair of Curriculum Standing Committee Date

CC: Registrar
Department
Advisor
Student