

# REQUEST FOR CHANGE IN GRADUATE PROGRAM OF STUDY

**Instructions** — Please complete the information below and submit the form to your adviser for signature and routing for appropriate approvals.

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Degree Program \_\_\_\_\_

## DROP THE FOLLOWING COURSE(S) FROM PROGRAM OF STUDY

Subject	Course No.	Course Title	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ADD THE FOLLOWING COURSE(S) TO PROGRAM OF STUDY

Subject	Course No.	Course Title	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REASON(S) FOR CHANGE(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student Signature*                      *Date*                      *Adviser Signature*                      *Date*

\_\_\_\_\_  
*Dean/Designee*                      *Date*                      *Verified Office of Records and Registration*                      *Date*

If you have any questions about the above information, call the Office of Records and Registration at 803/323-3695.

**Distribution:** Records and Registration; Adviser; Student