



TEXAS TECH UNIVERSITY

Hospitality & Retail Management™

FORM FOR REPORTING CHANGES ON GRADUATE DEGREE PROGRAMS

Date _____

Student's Name _____ Student ID#: _____

Check One: Master's _____

Doctorate _____

Major: _____

Expected Graduation Date: _____

Delete Course(s): _____

Add Course(s): _____

Signature of Chair (if applicable)

Signature of Graduate Advisor