

**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): \_\_\_\_\_

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\_\_\_\_\_  
Signature of Graduate Advisor