

# Request for Change in Plan of Study

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

## Delete from Plan of Study

Course Number	Course Title	Credits	Semester & Year

## Add to Plan of Study

Course Number	Course Title	Credits	Semester & Year

**Reason:**

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to HPNP room 4160 or email your Academic Coordinator.