



College of Education and International Services

CHANGE OF COURSE PLAN REQUEST

First Name:  Last Name:  ID#

E-mail:  Degree:

Address:  Major Area:

City:  State:  Zip Code:  Cognate Area:

Country:  Date:

Program Changes (Course# and Title, # of Credits)

(1).  
 Delete   
 & Replace   
 Add   
 Reason

(2).  
 Delete   
 & Replace   
 Add   
 Reason

(3).  
 Delete   
 & Replace   
 Add   
 Reason

(4).  
 Delete   
 & Replace   
 Add   
 Reason

(5). Others as specified below:

APPROVED

Major Advisor

Date:

Department Chair

Date:

Dean, College of Education & International Services

Date: