



**REQUEST FOR CHANGE IN GRADUATE PROGRAM PLAN/PROGRAM OF STUDY**

DATE \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ MAJOR CODE \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
Apt. No. Street City State ZIP Code

DEPARTMENT \_\_\_\_\_ DEGREE PROGRAM \_\_\_\_\_

CATALOG YEAR \_\_\_\_\_ GRADUATION TERM \_\_\_\_\_

**An appropriate catalog year, graduation term date and advisor signature must be included on this form before approval to graduate will be granted.**

NEW COURSE NUMBER AND TITLE	SEMESTER CREDITS	FOR	OLD COURSE NUMBER AND TITLE	SEMESTER CREDITS

REASON FOR REQUEST \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 APPROVED  
 Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_  
 Academic Unit Head \_\_\_\_\_ Date \_\_\_\_\_

**FLORIDA'S STEM UNIVERSITY®**