



Request for Change in Study Plan

Student Information

Use this form to request a change to a study plan such as changing a course(s), committee member(s), or exit option prior to registration. The academic department must submit this form to the Office of Graduate Studies.

CWID: _____

Student Last Name: _____

Student First Name: _____

Student Address: _____

Student Email: _____

Phone: _____

Degree Program: _____

I request the following change(s) in my study plan (list department name, course number and title, units)

FROM

TO

Reason for request: _____

Reviewed by Department Staff (if required by the department)

Signature of staff: _____

Date: _____

If the student's thesis/project/dissertation committee is already constituted:

Request Approved Request Denied (reason): _____

Signature of Committee Chair: _____

Date: _____

Graduate Program Advisor

Request Approved Request Denied (reason): _____

Signature of Department Graduate Program Advisor: _____

Date: _____