Request for Change to Plan of Study /Supervisory Committee

Student: _____   ID#: _____

Department/Program: _____   Degree: _____

Courses

Add: **Prefix**   **Course #**   **Title**   **Credits**

Delete: **Prefix**   **Course #**   **Title**   **Credits**

Supervisory Committee

Add: Name   Department   Signature

_____

_____

_____

_____

Delete: Name   Department   Signature*

_____

_____

_____

_____

* *If faculty member has left NDSU, a signature is not necessary.*

Submitted by:

_____   _____
Student signature/date   Adviser signature/date

_____
Graduate Program Coordinator signature/date **Academic**

Support Specialist Review   **Graduate School Dean Approval**