

Request for Change to Plan of Study /Supervisory Committee

Student:

ID#:

Department/Program:

Degree:

Changes to Plan of Study

5XX.	<u>Prefix</u>	<u>Course #</u>	<u>Title</u>	<u>Credits</u>
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Delete:	<u>Prefix</u>	<u>Course #</u>	<u>Title</u>	<u>Credits</u>
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Changes to Supervisory Committee

Add:

Name

Department

Signature

Delete:

Name

Department

Signature *

Submitted by:

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

(Student signature and date)

(Adviser signature and date)

(Approved by Department Program Chair and date)

Student Services Associate Review

Approved by Graduate Dean