

APPROVED CHANGES IN STUDENT'S PROGRAM
FOR THE PH.D. IN EDUCATION

Student's Name _____

Date ____ / ____ / _____ ID # _____

Program Changes

	Course Number	Number of Credits	Course Title
Course(s) Added			
Course(s) Dropped			

Change in research competencies required: FROM: _____

TO: _____

Total number of hours BEFORE change _____

Total number of hours AFTER change _____

Signed: _____
Student

Committee Chairperson

Coordinator of Graduate Studies

Approved: _____
Dean, School of Education

Date

Submit this form to the Coordinator of Graduate Studies, 'lqt 'hkpj 'vq'vj g'F gcp)u'Qhkg0