



SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
SCHOOL OF EDUCATION

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, for filing to the Dean's Office.