

THE UNIVERSITY OF LOUISIANA AT MONROE  
Office of Graduate Studies and Research

REQUEST FOR CHANGE IN STUDENT'S DEGREE PLAN

Name \_\_\_\_\_  
Degree \_\_\_\_\_  
Major: \_\_\_\_\_

SS# \_\_\_\_\_  
Graduate Minor: \_\_\_\_\_

It is requested that the following change(s) be made:

Substitute:

\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_

Add:

\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_

Delete:

\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_

State reason or justification in space below for change(s) in degree plan:

Approved:

\_\_\_\_\_  
Major Professor Date

\_\_\_\_\_  
Committee Member Date  
(if minor area involved)

\_\_\_\_\_  
Director of Graduate Studies and Research

\_\_\_\_\_  
Date

Distribution:

1. Registrar
2. Director of Graduate Studies and Research
3. Student
4. Major Professor
5. Department Head
6. Committee Member (if applicable)