

Name: _____	CWID: _____	Major: _____
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I request approval for the following degree plan change(s) during the \_\_\_\_\_ 20\_\_\_\_ semester:

Substitution 1: _____ for _____ Reason: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>	Substitution 2: _____ for _____ Reason: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>
Substitution 3: _____ for _____ Reason: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>	Substitution 4: _____ for _____ Reason: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>
Substitution 5: _____ for _____ Reason: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>	Substitution 6: _____ for _____ Reason: <div style="border: 1px solid black; height: 70px; width: 100%;"></div>

If my request is approved, I understand and agree that the approval only applies to (check one):

the term identified.  
 the term identified and future terms.

_____ Student's Signature *	_____ Date
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_____ Advisor Signature (CAES or CHPS)	_____ Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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_____ Program Representative Signature (Program Director - CHPS; School Director - CAES or CBSS)	_____ Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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_____ Associate Dean or Dean's Signature	_____ Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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