

# UMKC School of Graduate Studies: Plan of Study Change Request Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Degree (MS, MA, etc.): \_\_\_\_\_

Emphasis: \_\_\_\_\_ Advisor: \_\_\_\_\_

If you are needing to submit 4 or more course substitutions, fill out a new Plan of Study form.

	SUBJ. & NBR.	TITLE	HOURS
DELETIONS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
ADDITIONS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Dean/Assoc Dean/Grad Officer \_\_\_\_\_ Date \_\_\_\_\_

Advisor or Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean, SGS Signature \_\_\_\_\_ Date \_\_\_\_\_