

SCHOOL OF GRADUATE STUDIES

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Graduate Education Council Request for a change in Graduate Program

Department: _____ Degree: _____

Effective date of change (semester/year): _____

CURRENT REQUIRED COURSES

PROPOSED REQUIRED COURSES

CURRENT ELECTIVE COURSES

PROPOSED ELECTIVE COURSES

DESCRIBE PROPOSED CHANGES AND THE RATIONALE FOR THEM

Submitted by: _____ Date: _____

Department Chairperson: _____ Date: _____