College of Graduate Studies **Revision to Degree Plan**



MTSU ID #:	Degree: Program:	
(Last Name)	(First Name)	(Middle Name)
(Street Address)		
(City, State, Zip)	Phone:	
(,,,,,,,,		

Add the following course(s):

Course Number	Course Title	Semester Hours

Delete the following course(s):

Course Number	Course Title	Semester Hours

Reason for requesting a change of degree plan:

Student Signature: _____ Date: ____

Graduate Advisor/Program Director Approval

Minor Advisor Approval (if applicable)

College of Graduate Studies Designee

Revised: 13-OCT-03

A Tennessee Board of Regents Institution

MTSU is an equal opportunity, non-racially identifiable, educational institution that does not discriminate against individuals with disabilities.

Date

Date

Date