

Name: _____
 K-State eID: _____
 Student Number (WID): _____
 Degree Program: _____
 College: AG AI AR AS BA
 ED EN HE TC VM

Master's
 Doctor of Philosophy
 Doctor of Education

PROGRAM OF STUDY

Course(s) to be added:			Course(s) to be dropped:		
Code/Number	Title	Hours	Code/Number	Title	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Change To:	_____	_____	Change From:	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Justification:

SUPERVISORY COMMITTEE

Professor(s) to be added:

Professor(s) to be removed:

Name (printed)

Name (printed)

Signature

Signature

Name (printed)

Name (printed)

Signature

Signature

Justification:

SIGNATURES

Student Date

Committee Member Date

Major Professor Date

Committee Member Date

Committee Member Date

Committee Member Date

Committee Member Date

Committee Member Date

Dept Head/Graduate Program Director Date

Dean of the Graduate School Date