

Recommended Change in Program of Study

The University of Georgia Graduate School
210 S. Jackson St., Athens, GA 30602

(Please submit this original **TYPED** form and one (1) copy of this form to the Graduate School)

Name	<input type="text"/>	CAN # (810)	<input type="text"/>	
Address	<input type="text"/>	Degree	<input type="text"/>	Text
	<input type="text"/>	Major	<input type="text"/>	

<input type="checkbox"/> Add	Course Number	Hours	<input type="checkbox"/> Remove	Course Number	Hours
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Reasons:

APPROVALS

	Name (Typed)	Signature	Date
Major Professor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate Dean	<input type="text"/>	<input type="text"/>	<input type="text"/>