

**CHANGE TO A PROGRAM OF STUDY FOR A GRADUATE DEGREE**  
**Appalachian State University – Cratis D. Williams Graduate School**

Revised 10/10/10

Name of Student: \_\_\_\_\_ Banner ID: \_\_\_\_\_ ASUEmail: \_\_\_\_\_  
 Department: \_\_\_\_\_ Entry Year/Term: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Major Code: \_\_\_\_\_

**Please complete the appropriate sections below and send to the Graduate School, 232 JET. Changes to programs of study are not official until approved by the Graduate School.**

**CONCENTRATION / MINOR CHANGES:** Please change the student’s concentration and/or minor **TO:**

Concentration: \_\_\_\_\_ Conc. Code: \_\_\_\_\_  
 Minor: \_\_\_\_\_ Minor Code: \_\_\_\_\_

**COURSE DELETIONS:** Remove the following courses from the approved program of study. Provide a rationale if the course being removed is a required course for the major/concentration/minor:

Dept	Number	Title of course to be DELETED	Credits			

**RATIONALE for deletion of a required course:**

**COURSE ADDITIONS:** Add the following courses to the approved program of study:

Dept	Number	Title of course to be ADDED	Credits			

I expect to complete degree requirements by the date \_\_\_\_\_. I understand that all substitutions must be approved by my program and by the Graduate School.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Department Chair/Program Director (sign and print): \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Committee Chair: \_\_\_\_\_ Member 2(Opt): \_\_\_\_\_ Member 3(Opt): \_\_\_\_\_

Printed Name \_\_\_\_\_

Graduate School Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Before submitting to the Graduate School, please check that the program meets academic requirements outlined in the Bulletin for the term of entry indicated above. If another bulletin is requested, indicate the Bulletin Year: \_\_\_\_\_**