

Appalachian State University

Change Authorization
GRADUATE STUDENT PROGRAM OF STUDY

Student Name: _____ Student ID Number: _____

This authorization changes the approved program of study for the above-named student. After these changes are made, the student's program consists of _____ total semester hours credit.

I. The following courses are DELETED FROM the approved program of study:

	DEPT	COURSE #	COURSE TITLE	CREDIT HRS
DELETE:	_____	_____	_____	_____
DELETE:	_____	_____	_____	_____
DELETE:	_____	_____	_____	_____
DELETE:	_____	_____	_____	_____

II. The following courses are ADDED TO the approved program of study:

	DEPT	COURSE #	COURSE TITLE	CREDIT HRS
ADD:	_____	_____	_____	_____
ADD:	_____	_____	_____	_____
ADD:	_____	_____	_____	_____
ADD:	_____	_____	_____	_____

III. Comments (please explain any substitutions for required courses):

SIGNED: _____ DATE: _____
Advisory Committee:

SIGNED: _____ DATE: _____
Chairperson
Department of _____

Student Signature: _____ Date: _____