

## PETITION FOR CHANGE OF COURSE

		Date	
I wish to receive credit for the follo	owing graduate course (s	s) towards the Master of	
degree in the Department of			
Course <u>Number</u>	<u>Title</u>		ter <u>Credit</u>
The course(s) will be substituted for	or the course(s) listed on	my degree plan as indicated belo	)w:
Course <u>Number</u>	<u>Title</u>		Semester <u>Hours Credit</u>
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·			
		Student's Signature	
		Student's Name (Print/ Type	)
		Student's Mailing Address	
		City/ State/Zip Code	
Approved By:		T-Number	
Adviser			
Head of Department			
Dean, College/School			
Graduate Dean			