

Name: _____
 K-State eID: _____
 Student Number (WID): _____
 Degree Program: _____
 College: AG 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)

 Signature

 Name (printed)

 Signature

 Name (printed)

 Signature

 Name (printed)

 Signature

Justification:

SIGNATURES

 Student Date

 Major Professor Date

 Committee Member Date

 Committee Member Date

 Dept Head/Graduate Program Director Date

 Committee Member Date

 Committee Member Date

 Committee Member Date

 Committee Member Date

 Dean of the Graduate School Date