

**Program/Plan Change
Form**

Original form is imaged in the Office of the Registrar

Office of the Registrar

Return all completed forms to registrar@ksu.edu

Mark if either box applies

___Athlete ___ Graduating Senior

KSIS Effective Date:(check and add year) 1/1 _____ 5/1 _____ 8/1 _____ Today's Date: _____ / _____ / _____

KSIS ID _____ WID _____

NAME: _____
Last First Mi.

Change from: _____
Dean's Office Rep Signature/Initials Dean's Office Rep Signature/Initials

Program	Plan	Sub-Plan	Deg Code	Req Term
Program	Plan	Sub-Plan	Deg Code	Req Term
Program	Plan	Sub-Plan	Deg Code	Req Term
Program	Plan	Sub-Plan	Deg Code	Req Term

Change to: _____
Dean's Office Rep Signature/Initials Dean's Office Rep Signature/Initials

Program	Plan	Sub-Plan	Deg Code	Req Term	Print Advisor Name
Program	Plan	Sub-Plan	Deg Code	Req Term	Print Advisor Name
Program	Plan	Sub-Plan	Deg Code	Req Term	Print Advisor Name
Program	Plan	Sub-Plan	Deg Code	Req Term	Print Advisor Name

Comments: