



GRADUATE CHANGE OF PROGRAM REQUEST

DATE: _____

STUDENT NAME: _____ V# _____

CURRENT ADDRESS: _____

STREET

CITY

STATE

ZIP

1. CHANGE COURSES IN OFFICIAL PROGRAM:

FROM

TO

If transfer credit, where was it completed? Is the transcript on file at Western Oregon University?

Course #	Course Name	Credits	Course #	Course Name	Credits	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. ADD OR DELETE THE FOLLOWING COURSE(S):

COURSE #	COURSE NAME	CREDITS	TERM / YEAR	COLLEGE OR UNIVERSITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE OF PROGRAM ADVISOR: _____ DATE: _____

COMMENTS: _____

APPROVED DENIED

DIRECTOR OF GRADUATE PROGRAMS _____ DATE _____