ANGELO STATE UNIVERSITY
GRADUATE SCHOOL
REQUEST FOR MODIFICATION IN DEGREE PLAN

Date:_____

Student's Name:_____
Last First Middle

Campus ID No.:_____ Local Telephone No.:_____

Local Mailing Address:_____

_____ _____
City State ZIP

Catalog:_____ Degree Sought:_____

Major:_____

_____ _____
Signature of Graduate Advisor Date

1. Substitute_____ for _____ Approved:_____
2. Substitute_____ for _____ Approved:_____
3. Substitute_____ for _____ Approved:_____
4. Substitute_____ for _____ Approved:_____
5. Substitute_____ for _____ Approved:_____
6. Delete_____ Approved:_____
7. Delete_____ Approved:_____

Date: _____

Explanation: _____

_____

_____

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Graduate School Office.

Revised 11/03