

LAMAR UNIVERSITY
College of Graduate Studies
Request to Change Graduate Student's Program Coursework

Student's Name: _____ LU I.D.: _____ Date: _____

Address: _____ Major: _____

Proposed Course Changes:

Table with 4 columns: Course Number, Course Title, Semester / Year. Rows for 'Remove:' and 'Add:' with horizontal lines for input.

Signatures:

Student _____ Date _____

Chair of Graduate Committee _____ Date _____

Department Chair _____ Date _____

College Dean _____ Date _____

Action by Graduate Dean: ___ Approved ___ Disapproved ___ Other: _____

Graduate Dean _____ Date _____

Submit signed original to the Graduate Office. The Graduate Office will distribute copies to the Department and Student.