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Amended Program of Study Form

Eagle ID: ____ - ____ - ____

Name: _____
Last First MI

Email: _____ Phone: _____

Mailing Address: _____
Street City State Zip

Degree: _____ Major: _____

Substitutions

Dept. Course Number	Credit Hours	Dept. Course Number	Credit Hours
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	

Approvals: _____
Advisor/Major Professor/Committee Chair Date

Program Director/Department Chair Date

FOR USE BY THE COLLEGE OF GRADUATE STUDIES ONLY

Approved Denied Signature: _____ Date: _____

Unless notified to the contrary, the student may consider the request approved.

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