



AUBURN UNIVERSITY GRADUATE SCHOOL

REVISION TO EXISTING PLAN OF STUDY

Date _____

Student's Full Name _____ ID Number _____

This form is to be used when requesting substitutions, additions, or deletions for courses or committee members on a previously-existing and approved PLAN OF STUDY. Submit two signed copies to the Graduate School. If more than three changes are needed, please submit two completely new "Proposed Plan of Study" forms.

CHANGE IN COURSES

Removed Course Numbers	Removed Course Names	Credit Hours	Added or Substituted Course Numbers	Added or Substituted Course Names	Credit Hours

CHANGE IN COMMITTEE MEMBERS

Note: Current members to be removed should sign to indicate agreement.

Member(s) to be Removed

Name

Name

Member(s) to be Added

Name

Name

Member(s) to be Removed

Signature

Signature

Member(s) to be Added

Signature

Signature

Approved By:

Note: The committee chair and department head or chair, in signing, certify that all committee members are in agreement.

Committee Chair Name

Committee Chair Signature

Department Head/Chair Name

Department Head/Chair Signature

Dean, Graduate School

Date