

DEPARTMENT OF TEACHING AND LEARNING
PEABODY COLLEGE OF VANDERBILT UNIVERSITY

CHANGE IN PROGRAM OF STUDIES

Name _____ SS# _____ Degree _____

E-Mail _____ Phone _____

Local Address _____

Major: _____

I request that the modifications listed below be made in my Program of Studies for the above major.

DELETE:

Course Number	Title	Hours
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
		Total _____

ADD:

Course Number	Title	Hours
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
		Total _____

Date: _____ Student's Signature: _____

APPROVED:

Date: _____ Major Professor: _____

Date: _____ Director of Graduate Studies: _____

Date: _____ Associate Dean of Academic Affairs: _____