

Change in Program of Studies

Please return to:
The Office of Academic Services

216 Administration Building
Hours: Monday-Friday 7:30am-4:30 pm

Phone: (615) 322-8400
Fax: (615) 322-8401

Student Information *(all fields required):*

Full Name: _____

Student ID # (e.g. 162030): _____

Anticipated Date of Graduation: (Month) Aug ___ Dec ___ May ___ (Year) 20 ____

Department: _____ **Program/Major(s):** _____

Phone: (____) _____ - _____

Email Address: _____

Mailing Address:

.....
Delete:

<u>Course Number & Title</u>	<u>Hours</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Add:

<u>Course Number & Title</u>	<u>Hours</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Student's Name & Signature Date

Adviser's Name & Signature Date

Director of Graduate Studies' Name & Signature Date

OAS Use Only

OAS Signature Date