REQUEST FOR CHANGES IN PROGRAM OF STUDIES
(to be returned to office 310)

STUDENT’S NAME: ____________________________

1. Type of modification
   - Change in degree ☐
   - Change in the status: (full-time – part-time) ☐
   - Change in the choice of essay ☐
   - Change to the date of remittal of essay ☐
   - Change to the date of exam ☐

2. Type of request
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3. Reason for change
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

__________________________________________  ______________________________________
Date                                      Student’s signature

Reserved for the Dean

Authorization is given ☐  modified ☐  refused ☐

__________________________________________  _________________________________
Date                                      Dean’s signature