

REQUEST FOR CHANGE IN GRADUATE PROGRAM PLAN

DATE: _____ SID#: _____

NAME: _____
LAST FIRST M.I.

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUEST:

I WISH TO REQUEST THE FOLLOWING CHANGE(S) IN MY PROGRAM PLAN FOR THE MPA DEGREE:

FROM:
(INCLUDE COURSE #, NAME, AND UNITS)

TO:

REASON FOR REQUEST:

STUDENT SIGNATURE

FOR OFFICE USE

REQUEST APPROVED: _____

REQUEST DENIED: _____

DIRECTOR, MPA PROGRAM
COLLEGE OF BUSINESS & PUBLIC ADMINISTRATION

DATE