



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 minor changes are needed, please submit a new plan of study via DegreeWorks.

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, department head/chair, GPO and ADRGP signing, certifies that all committee members are in agreement.

Committee Chair Name

Department Head/Chair Name

Department GPO Name

Associate Dean for Research and Graduate Programs Name

Dean, Graduate School

Committee Chair Signature

Department Head/Chair Signature

Department GPO Signature

Associate Dean for Research and Graduate Programs Signature

Date