

Graduate Program Change Request

Last Name:	Program of Study:
First Name:	Term(s): Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/>
WLU ID:	Current Registration Status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

Changes to Registration Status Program

Indicate only when changing

Registration Status

From: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	To: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Indicate the duration of this change: 1-term <input type="checkbox"/> 2-terms <input type="checkbox"/> 3-terms <input type="checkbox"/> Duration of program <input type="checkbox"/>	

Method of Study

From: Coursework <input type="checkbox"/> Major Research Project <input type="checkbox"/> Thesis <input type="checkbox"/>	To: Coursework <input type="checkbox"/> Major Research Project <input type="checkbox"/> Thesis <input type="checkbox"/>
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Course Section Changes

Drop					Add				
Discipline Code	Course number	Term	Section (Lect./Lab)	Instructor Signature	Discipline Code	Course Number	Term	Section (Lect./Lab)	Instructor Signature

AUDIT

Student's Signature: _____ **Date:** _____

Departmental Approval: _____ Date: _____

Graduate Office Approval: _____ Date: _____

Submit the completed form to the Graduate Studies Office