

5755 Stodder Hall, Room 42 Orono, Maine

> 04469-5755 Tel: 207-581-3221 Fax: 207-581-3232

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CHANGE IN PROGRAM OF STUDY

Name				ID#		
Address	City		State		Zip Code	
Degree Program		Concentration (if appl	licable)			
Change Requested						
Reason(s) for making change:						
Courses to be dropped:	_					
Number of Course	I	itle			С	redit Hours
				1		
Courses to be added:						
Number of Course	Title				(Credit Hours
Number of course						
]		
	Signatures of Advisory Com	mittee:	(Cł	nair's	Signature	e)
				(Signa	ature)	
				(Signa	ature)	
			(Signatu		ature)	
				(Sign	ature)	
			(Graduate Coordinator) Required			