

**University of Wisconsin-Milwaukee  
SHELDON B. LUBAR COLLEGE OF BUSINESS**

**PhD Program of Study Modification Form**

Student Name \_\_\_\_\_ Major Field of Study \_\_\_\_\_  
Minor Field of Study \_\_\_\_\_

I request the following modification in my program of study originally approved by the PhD Program Committee.

Original Course(S)	Proposed Substitution(s)	Reasons (state briefly)
1. _____	_____	
2. _____	_____	
3. _____	_____	

Student's Signature \_\_\_\_\_

**Endorsements**

Major and/or  
Minor Professor \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Chair, PhD  
Program Committee \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Office of Dean \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove