



Graduate Studies Office
Curtin Hall, Room 422
P.O. Box 413
Milwaukee, WI
53201-0413
414 229-6625 phone
414 229-2643 fax
www.uwm.edu/english

Change in Plan of Study

Table with 5 rows: Name, Address, City, State, Zip, Email, Current Plan of Study, New Plan of Study

The above student is hereby GRANTED / DENIED (choose one) permission to change his/her Plan of Study effective with the _____ semester of the 20____ – 20____ academic year. The student should complete a new Summary of Coursework or Plan of Study form to ensure that all coursework requirements will be met.

Student signature

Date

Existing Major Professor/Advisor signature

Date

New Plan Coordinator signature

Date

Associate Chair for Graduate Studies signature

Date