

GRAMBLING STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH

REQUEST OF CHANGE IN PLAN OF STUDY

Student Name: _____

Soc. Sec. No. _____

Address: _____

Phone: (____) _____

City: _____ State: _____ Zip: _____

GRE: Verbal _____ Quantitative _____ Analytical _____ (V&Q) _____
GMAT: Total _____ Date: _____ TOEFL Total _____ Date: _____

Degree Information:
UG _____ Yr. _____ Major/Institution _____
GR _____ Yr. _____ Major/Institution _____
GR _____ Yr. _____ Major/Institution _____

Admission Status:
Regular Date: _____
Conditional Date: _____
Provisional Date: _____

College: _____ Department: _____
Degree: _____ Certification Program: Yes _____ No _____
Major Area: _____ Specialization: _____

Courses to be changed:		Substitute courses:	
Course No.	Titles	Course No.	Titles

Justification

Signatures:

Student Date

Advisor Date

Department Head Date

College/School Dean Date

Graduate Dean Date