

## REQUEST TO MODIFY DEGREE REQUIREMENTS



Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Degree \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

REQUEST: (Use specific course names and numbers. Indicate transfer institution.)

JUSTIFICATION:

### APPROVAL SIGNATURES

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Comments:

College Dean \_\_\_\_\_ ☐ Recommended or approved

Comments: ☐ Disapproved

Date \_\_\_\_\_

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For modification of Teacher Education requirements:

CHAIR, TEACHER EDUCATION COUNCIL \_\_\_\_\_ ☐ Not Applicable

Comments: ☐ Approved

☐ Disapproved

Date \_\_\_\_\_

*Original to student. Copies to Advisor, Department Chair, Registrar, and Dean.*