



MODIFICATION TO THE PROGRAM OF STUDY

I hereby request permission to change my program of study as follows.

Name: _____
 (Type or Print) Last, First Middle

Student ID No: _____

Program: ___ PhD Cellular and Molecular Biology
 ___ PhD Neuroscience
 ___ MS
 ___ MA

Research Interest _____

Courses, including transferred work, required for the degree. R=Required, E=Elective, T= Transfer

	ADD DELETE	Course No.	Course Title	Elective (E) Required (R) Transfer (T)	Credit Hours	Expected Semester Year
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
				Total Credits		

Just indicate the courses added or deleted to the original program of study.

I accept the changes to the program of study and understand that completion of the courses listed will be required for my graduation.

 Student's Signature

 Date (MM/DD/YY)

Endorsement:

I certify that the program of study complies with the regulations established by the Graduate Program in Biomedical Sciences.

 Advisor's Signature

 Date (MM/DD/YY)

Graduate Program in Biomedical Sciences Approval:

_____Approved _____Approved with Condition(s) _____Disapproved

Conditions/Reason(s) for disapproval:

Graduate Program Administrator or
Associate Dean for Research and Graduate Studies

Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy: Student
 Office of the Registrar
 Advisor