Florida Institute of Technology

REQUEST FOR CHANGE IN GRADUATE PROGRAM PLAN/PROGRAM OF STUDY

DATE _____

NAME _____ STUDENT ID NUMBER _____
(PLEASE PRINT) *Last* *First*

MAILING ADDRESS _____
Street (Apt. No.) *City* *State* *ZIP Code*

DEPARTMENT _____ DEGREE PROGRAM _____

MAJOR CODE _____ GRADUATION TERM _____

NEW COURSE NUMBER AND TITLE	SEMESTER CREDITS	FOR	OLD COURSE NUMBER AND TITLE	SEMESTER CREDITS

REASON FOR REQUEST _____

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Student Signature _____ Date _____

APPROVED

_____ _____
Academic Adviser Signature *Date* *Academic Unit Head Signature* *Date*

Florida Institute of Technology ▪ Office of the Registrar
150 West University Boulevard, Melbourne, FL 32901-6975 ▪ (321) 674-8116 ▪ Fax (321) 674-7827