WESTERN KENTUCKY UNIVERSITY

GRADUATE STUDIES

COURSE CHANGE FORM

Type of Program (Check One): Master's ☐ Rank I/II ☐ Specialist ☐

Name _____ WKU ID # _____
Last First Middle/Maiden

Email (required) _____
If no personal student email address provided, correspondence will be sent to the student's WKU email account.

Address _____
Street

_____
City State Zip

NOTE: If you have more than five course substitutions, see your advisor to file a revised degree program (Form B/C).

1. Under TYPE indicate whether major (MAJ), minor (MIN), deficiency (DEF), or research tool (RT).
2. FORWARD to Certification Officer if appropriate; forward all others to Graduate Studies.
3. Confirmation of approval will be sent to advisors, students, and teacher certification by email.

EXAMPLE:

	TYPE	DEPT/COURSE NO.	Hrs	Course Completed?	Transfer Institution
ADD	MAJ	COMM 501	3	☐ Yes ☒ No	
DELETE	MAJ	COMM 504	3	☐ Yes ☒ No	

	TYPE	DEPT/COURSE NO.	Hrs	Course Completed?	Transfer Institution
ADD				☐ Yes ☐ No	
DELETE				☐ Yes ☐ No	

	TYPE	DEPT/COURSE NO.	Hrs	Course Completed?	Transfer Institution
ADD				☐ Yes ☐ No	
DELETE				☐ Yes ☐ No	

	TYPE	DEPT/COURSE NO.	Hrs	Course Completed?	Transfer Institution
ADD				☐ Yes ☐ No	
DELETE				☐ Yes ☐ No	

	TYPE	DEPT/COURSE NO.	Hrs	Course Completed?	Transfer Institution
ADD				☐ Yes ☐ No	
DELETE				☐ Yes ☐ No	

	TYPE	DEPT/COURSE NO.	Hrs	Course Completed?	Transfer Institution
ADD				☐ Yes ☐ No	
DELETE				☐ Yes ☐ No	

APPROVALS

Advisor _____ Date _____

Certification Officer _____ Date _____

Graduate Officer _____ Date _____