

Program of Study Change Form

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Name	ame		WKI		WKU ID # _	
Degree:			Co	oncentration (if	applicable):	
	*If you have r	nore than four	course substitution	ons please subm	it a new Program of Study	<i>i</i> .
	DEPT/COURSE NUMBER	HRS	COMPLETED	TRANSFER	TRANSFER INSTITUT	ION
ADD						
DELETE						
	DEPT/COURSE NUMBER	HRS	COMPLETED	TRANSFER	TRANSFER INSTITUT	ION
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DELETE						
	DEPT/COURSE NUMBER	HRS	COMPLETED	TRANSFER	TRANSFER INSTITUT	ION
ADD						
DELETE						
	COMMITTEE MEMBER (Thesis/Specialist Project/Dissertation)			on)	NEW TOPIC (Thesis/S	p. Project/Dissertation)
ADD					-	
DELETE					-	
	COMMITTEE MEMBER (Thesis/Specialist Project/Di			on)	_	
ADD					1	
DELETE					-	
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	Student Signature				Date	
			Advisor or Commit	ee Chair Signature		Date
			Certification Office	r Signature (if appli	cable)	Date
	Doctoral Program Officer Signature (if app					
			 Doctoral Program (Officer Signature (if	applicable)	 Date
			Doctoral Program (Officer Signature (if	applicable)	Date