WKU GRADUATE SCHOOL

Program of Study Change Form

1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | graduate.records@wku.edu

Name _____ _____ _____ WKU ID # _____
Last First M/M

Degree: _____ Concentration (if applicable): _____

**If you have more than four course substitutions please submit a new Program of Study.*

	DEPT/COURSE NUMBER	HRS	COMPLETED (Y/N)	TRANSFER (Y/N)	TRANSFER INSTITUTION
ADD					
DELETE					
	DEPT/COURSE NUMBER	HRS	COMPLETED (Y/N)	TRANSFER (Y/N)	TRANSFER INSTITUTION
ADD					
DELETE					
	DEPT/COURSE NUMBER	HRS	COMPLETED (Y/N)	TRANSFER (Y/N)	TRANSFER INSTITUTION
ADD					
DELETE					
	DEPT/COURSE NUMBER	HRS	COMPLETED (Y/N)	TRANSFER (Y/N)	TRANSFER INSTITUTION
ADD					
DELETE					

_____ _____
Student Signature Date

_____ _____
Advisor Signature Date

_____ _____
Teacher Certification Officer Signature (if applicable) Date

_____ _____
Graduate School Officer Signature Date