



CHANGE IN PROGRAM OF STUDY

_____ Student Name

_____ MaineStreet ID (7 digits)

Address: _____

Department/Program: _____

Courses to be dropped:

(Number of course)	(Name of course)	(Credit hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses to be added:

(Number of course)	(Name of course)	(Credit hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason(s) for making change:

_____ (Committee Chair's Signature)

_____ (Please Print)

_____ (Signature)

_____ (Please Print)

_____ (Signature)

_____ (Please Print)

_____ (Signature)

_____ (Please Print)

_____ (Signature)

_____ (Please Print)

_____ (Graduate Coordinator)

_____ (Please Print)