



Plan of Study Course Substitution Form

(Submit to the Graduate School when there are any changes in your program of study.)

Student Name: _____ MizzouID: _____

Degree Program: _____ Anticipated Date of Graduation: _____

Degree Sought: _____

The following changes are requested for the Program of Study previously approved:

DELETE

<u>Number</u>	<u>Title</u>	<u>Hours</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADD

<u>Number</u>	<u>Title</u>	<u>Hours</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

Director of Graduate
Studies' Signature: _____ Date: _____

Graduate Dean's Signature: _____ Date: _____

Date copies sent to members and Director of Graduate Studies: _____