WSU ID:	DATE:		M	Grad	duate School
NAME:			PROGRAM CHANGE FORM		
INDICATE YOUR DEG	REE: INI	DICATE YOUR	PROGRA	M:	
For all master's stud	ents, please indicate if you are	e pursuing a th	esis or n	on-thesis optior	ո։
DROP COURSES:			Tı	ransferred coursework M	IAY NOT be removed from the Program of Study
Course Prefix and Number	Course Title	Credits	Grade	Sem/Year Taken (Chronological Order)	WSU Instructor
	Remove Research Credits (			Sub	orse Prefix and Number TOTAL RESEARCH CREDITS stotal Credits Removed:
ADD COURSES:  Course Prefix	Course Title	If transferring course  Credits	work from an Grade	Sem/Year Taken	submit the course syllabus along with this form  WSU Instructor or Name of Institution
and Number				(Chronological Order)	if Requesting Transfer Credits
	Add Research Credits (	702 Non-Thesis / 1	700 Thesis	COL	URSE PREFIX AND NUMBER TOTAL RESEARCH CREDITS Subtotal Credits Added:
change, the Gradua		nce approved,	changes	to the Program	re is a problem with the above n of Study will be reflected in 48 hours after approval.
COMMITTEE CHAIR SIGNATURE					STUDENT SIGNATURE
DEPARTMENT CHAIR SIGNATURE		<del></del>			DEAN, GRADUATE SCHOOL – SIGNATURE AND DATE
MINOR DEPARTMENT CHAIR SIGNATU	JRE (If Applicable)		Academ	nic Coordinator	completed form to your r. After departmental ic Coordinator will submit

this document to the Graduate School.

Updated 10/11/2019