

## REQUEST FOR CHANGE IN DOCTORAL PROGRAM OF STUDY

*Marshall University*  
*College of Education & Professional Development*

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Major :** \_\_\_\_\_ **Area of Emphasis:** \_\_\_\_\_

I am requesting the following change(s) in my approved program of study:

**Courses to be removed:**

\_\_\_\_\_  
\_\_\_\_\_

**Courses to be added:**

\_\_\_\_\_  
\_\_\_\_\_

**Reason for changes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctoral Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctoral Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctoral Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, COEPD

\_\_\_\_\_  
Date