

REQUEST FOR CHANGE IN DOCTORAL PROGRAM OF STUDY

*Marshall University
College of Education and Human Services*

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

Teresa Eagle

Doctoral Coordinator

Date

Teresa Eagle

Dean, GSEPD

Date