

REQUEST FOR CHANGE IN DOCTORAL PROGRAM OF STUDY

Marshall University

Graduate School 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

Cynthia Kolsun

Doctoral Coordinator

Date

Teresa Eagle

Dean, GSEPD

Date