



GRADUATE CHANGE OF PROGRAM REQUEST

DATE: _____

STUDENT NAME: _____ V# _____

WOU EMAIL ADDRESS: _____

1. CHANGE COURSES IN OFFICIAL PROGRAM:

REQUIRED COURSE			SUBSTITUTED COURSE			If transfer credit, where was it completed? Is the transcript on file at Western Oregon University?
Course #	Course Name	Credits	Course #	Course Name	Credits	
<i>ED 604</i>	<i>PORTFOLIO</i>	<i>3</i>	<i>ED 701</i>	<i>PROJECT CREATION</i>	<i>3</i>	<i>NORTHERN ARIZONA UNIVERSITY</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. ADD OR DELETE THE FOLLOWING COURSE(S):

COURSE #	COURSE NAME	CREDITS	TERM / YEAR	COLLEGE OR UNIVERSITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE OF PROGRAM ADVISOR: _____ DATE: _____

COMMENTS: _____

PROCESSED UNABLE TO PROCESS PER CATALOG POLICIES

OFFICE OF GRADUATE PROGRAMS _____ DATE _____