

Graduate Program Change Request

Last name:

First name:

Program:

WLU ID:

Term(s): Fall Winter Spring
 Current registration status: Full time Part time

Changes to Registration Status/Method of Study/Concentration

Indicate only when changing.

Registration status

From: Full time Part time To: Full time Part time

Indicate the duration of this change:

1 term 2 terms 3 terms Duration of program

Method of Study

From: Coursework Major Research Project Thesis

To: Coursework Major Research Project Thesis

MBA Students: Choose concentration (optional):

Course Section Changes

Courses to drop:

Discipline code: Course number:
Term: Section (Lect./Lab):
Instructor's signature:

Discipline code: Course number:
Term: Section (Lect./Lab):
Instructor's signature:

Discipline code: Course number:
Term: Section (Lect./Lab):
Instructor's signature:

Courses to add:

Discipline code: Course number:
Term: Section (Lect./Lab):
Instructor's signature:

Discipline code: Course number:
Term: Section (Lect./Lab):
Instructor's signature:

Discipline code: Course number:
Term: Section (Lect./Lab):
Instructor's signature:

Student's signature: Date:

Departmental approval: Date:

FGPS approval: Date: