Student's Name: _____ **Student Number:** _____

COURSE CHANGES

Add Course: _____ Remove Course: _____ Unit Value: _____

Add Course: _____ Remove Course: _____ Unit Value: _____

Add Course: _____ Remove Course: _____ Unit Value: _____

Rationale:

Type or attach a program rationale statement from your supervisor indicating why a course change is sought. Please indicate which course(s) the change will replace, if applicable. If the course(s) is an addition to the program, please indicate revised unit value for the program below.

REVISED PROGRAM: Please list all courses (complete or incomplete) that will be used in your program.

Dept & Course No.	Course Title	Unit Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Master's degrees must consist of a minimum of 15 units. Doctoral programs must consist of a minimum of 30 units for students who have a Master's degree, or 45 units for students without a Master's degree.

Total units in proposed program _____

SUPERVISORY COMMITTEE CHANGE: For committee changes, members sign here

Supervisor	Signature	Department	Date
Co-Supervisor or Member	Signature	Department	Date
Member	Signature	Department	Date
Additional Member	Signature	Department	Date
Additional Member	Signature	Department	Date

SIGNATURES

Student's name _____ Student's signature _____ Date _____

(Co-)Supervisor's name _____ (Co-)Supervisor's signature _____ Date _____

INTD/SPARR Graduate Advisor's name _____ INTD/SPARR Graduate Advisor's signature _____ Date _____