

## **Graduate Program Update**

Submit this form to your graduate secretary; they will forward this to GARO

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Use this form to change your program: add to, replace, update, or transfer credit to your graduate program as it is published in the academic calendar for your catalog term (calendar year)

Student name:	Student number: V0	Home department:	
		ent you want to make to the program g term (calendar year) change; concentration chang	ge, etc.)
Patient de fau Paracet			
Rationale for Request:			
	g. Candidacy, Language Requirement [please rogram requirement:		
Signature of Departme	ent Chair (Required for PhD candidacy co	ompletion):	
Original signatures, electronic signat	tures, or supporting emails are acceptable	e.	
Student's name	Student's signature	Date	
Supervisor's name	Supervisor's signature	Date	
Signature of Graduate Advisor (Only	required if core courses are being replaced o	or units are being waived).	
Graduate Advisor's name	Graduate Advisor's signature	e Date	