

**CHANGE OF STUDY FORM**  
(MSE-General and MSE-Elementary Education)

**School of Education-Office of Graduate Studies & Professional Development**  
**University of Wisconsin-Stevens Point**

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADVISOR(S): \_\_\_\_\_

**I hereby request the following change in my graduate plan of study:**

|   | <b>COURSE<br/>PREFIX &amp;<br/>NUMBER</b><br>(I.E. ED<br>702) | <b>COURSE TITLE</b><br>(IF WORKSHOP, INCLUDE SUBTITLE)<br>(IF NOT UWSP, INDICATE COLLEGE.<br>TRANSFER CREDIT APPLICATIONS ARE REQUIRED<br>FOR ALL TRANSFER WORK.) | <b>NUMBER<br/>OF<br/>CREDITS</b> |
|---|---|---|----------------------------------|
| <b>I wish to substitute:</b><br>(list the course you wish to include as<br>part of your approved plan of study) |   |   |                                  |
| <b>In place of:</b><br>(list the course you wish to delete from<br>your approved plan of study)                 |   |   |                                  |

My reason for requesting this change is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE:** Requests for course changes must be approved prior to enrollment in the course being requested.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ADVISOR SECTION:**

The above-requested program change has been approved.

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

Original- Office of Graduate Studies & Professional Development  
Copy- Student