

MSE PROGRAM OF STUDY CHANGE FORM

DATE:		
STUDENT NAME:		
PS#:		
CONCENTRATION:		
PREREQUISITE COURSES:	ASSIGNED	NEW/SUBSTITUTE
CONCENTRATION CORE:	ASSIGNED	NEW/SUBSTITUTE
ELECTIVE CLASSES	PREVIOUS	NEW/SUBSTITUTE
STUDENT SIGNATURE:		
DECISION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
ADVISOR:		
COMMENTS		