



# Request to Change Program of Study

## AEC Graduate Program

Student Name	UFID	Date of Request
Degree Sought	Specialization/Minor	Anticipated Graduation Term

Please delete the following courses from the above named student's Program of Study

Course Number	Course Title	Credit Hours	Expected Term of Enrollment

Please add the following courses to the above named student's Program of Study

Course Number	Course Title	Credit Hours	Expected Term of Enrollment

We recommend this request be approved.

Committee Chair

Name	UFID	Signature	Date

Committee Members

Name	UFID	Signature	Date

External Member

Name	UFID	Signature	Date

Graduate Student

Signature	Date

Approved:  
AEC Graduate Coordinator

Signature	Date

Return completed form to AEC Coordinator, Academic Support Services, 113B Bryant Hall

Original: AEC Student File

Copy: Graduate Student  
Committee Chair  
Committee Members