

MODIFICATION TO DEGREE PLAN REQUEST FORM

INSTRUCTIONS:

1. Fill out the form completely.
2. Email this completed form to the Office of Student and Academic Services at cph@unthsc.edu.

STUDENT INFORMATION:

Student Name: _____ Student ID: _____
Last First

Student Email: _____

Select Degree: ___ MPH ___ MHA ___ MS ___ PhD

Concentration: _____

A student may request to substitute a **core or required course not listed** on their Degree Plan.
All degree plan modifications are subject to approval of the Department Chair.

Current Degree Plan Course Number & Name	Amended Degree Plan Course Number & Name

Advisor Signature

Date

Department Chair Signature

Date