**Office of Academic Services**

EAD-716

Phone: 817.735.0489

sphacademics@unthsc.edu

Request for Modification

to Degree Plan

Please use this form if you are requesting to substitute a **core** **or required course not listed** on your Degree Plan. Once all of the required signatures are obtained, this form should be submitted to the Office of Academic Services.

**Student’s Name:**

**Student ID:**

**E-mail:**

**Concentration:**

**Advisor’s Name:**

|  |  |
| --- | --- |
| **Current Degree Plan**  **Course Number & Name** | **Amended Degree Plan**  **Course Number & Name** |
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**Approvals**

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Student’s Signature Date

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Advisor’s Signature Date

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

Department Chair’s Signature Date