

*Please print or type to ensure accuracy.*

**Name:** \_\_\_\_\_  
Last First Middle (Please use name listed on application for admission)

**Address:** \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State/Providence Text Country Zip Code/Postal Code

**Social Security/Student #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Principal Advisor:** Carolyn Brunner **Candidacy Degree Form Date:** \_\_\_\_\_

**The requested change(s) in approved graduate degree program are noted below.**

	Course Number	Course Title	Credits
<b>DELETE:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>ADD:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**To be approved, the student, ONE (1) member of advisory committee and the principal advisor must sign below.**

_____	_____
Date	Student
_____	_____
Date	Principal Advisor
_____	_____
Date	Advisory Committee Member