

Master's Degree in Multidisciplinary Studies

REQUEST FOR CHANGE IN APPROVED DEGREE CANDIDACY

 $International\ Graduate\ Programs\ for\ Educators\cdot 430\ C\ South\ Wing\cdot 1300\ Elmwood\ Avenue\cdot Buffalo,\ NY\ 14222\cdot FAX:\ (716)\ 878-6809\cdot intlearning@buffalostate.edu$

Ame:Last	First	Middle (Plea	se use name listed on application for	admission)	
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Stree	et	City			
State	Text e/Providence	Countr	y Zip Code/Po	ctal Codo	
State	71 TOVIDENCE	Count	y Zip Gode/10	stat Gode	
cial Security/S	Student #:	E	mail Address:		
incipal Advisor: <u>Carolyn Brunner</u>		Candidacy Degree Form Date:			
	The requested change(s)	in approved gradua	te degree program are note	ed below.	
	Course Number		Course Title	Credits	
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To be approv	ed, the student, ONE (1) me	mber of advisory co	mmittee and the principal a	advisor must sign bel	
	Date		Student		
			Principal Advisor		
	Date		Finicipal Advisor		