

Directions: All changes to a Candidate Plan of Study require written approval. **To submit requests** the student 1) completes *applicable sections* of this form 2) consults their faculty advisor and/or academic advisor, and 3) submits form and appropriate documentation at the SCE-Office of Student Advising, Bayou Suite 3611. After processing, a copy of the request, whether approved or denied, will be sent to the student's mailing address printed below.

PLEASE PRINT Contact Information

ID#:	Mark Standing, Degree and Major <i>Standing:</i> <input type="checkbox"/> Graduate <i>Degree:</i> <input type="checkbox"/> MS
<i>Last Name</i> _____ <i>First Name</i> _____	<input type="checkbox"/> Post Bac <input type="checkbox"/> BS <input type="checkbox"/> Undergraduate <input type="checkbox"/> BA
<i>Mailing Address</i>	<i>Major:</i> <input type="checkbox"/> Biological Sciences <input type="checkbox"/> Biotechnology <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Information Systems <input type="checkbox"/> Computer Science <input type="checkbox"/> Computer Engineering <input type="checkbox"/> Engineering Management <input type="checkbox"/> Environmental Science <input type="checkbox"/> Mathematical Sciences <input type="checkbox"/> Physical Sciences <input type="checkbox"/> Physics <input type="checkbox"/> Software Engineering <input type="checkbox"/> Statistics <input type="checkbox"/> Systems Engineering
<i>City</i> _____ <i>ST/ZIP</i> _____	
<i>Area Code/Day Phone</i> _____ <i>Area Code/Evening Phone</i> _____ (    )                                      (    )	
e-mail(optional):	
<b>Indicate Nature of Request:</b> <input type="checkbox"/> Waive Foundation Course <input type="checkbox"/> Accept Grade In Plan Core <input type="checkbox"/> Approval of Transfer Course <input type="checkbox"/> Course Substitution	

**OLD REQUIREMENTS**

(As Listed on CPS)

**NEW REQUIREMENTS**

(Replacement)

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X:

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Requested by **Student** (All Changes) \_\_\_\_\_ Date \_\_\_\_\_

X:

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Approved by **Faculty Advisor/Committee** (Plan Requirements/Waivers) \_\_\_\_\_ Date \_\_\_\_\_

X:

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Audited by **Academic Advisor** (All Changes) \_\_\_\_\_ Date \_\_\_\_\_

X:

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Granted by **Associate Dean** (Graduate CPS, Transfer Courses, Waivers, Variances in Core or Univ. Req.) \_\_\_\_\_ Date \_\_\_\_\_