

THE GRADUATE SCHOOL - LOUISIANA STATE UNIVERSITY

**REQUEST FOR CHANGE IN PROGRAM OF STUDY
FOR DOCTORAL DEGREE**

Name _____ SSN# _____

Major Field _____ Minor Field* _____

ADD:

Subject	Course #	Hrs. Credit	Reason for addition
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DELETE:

Subject	Course #	Hrs. Credit	Reason for deletion
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Signature of Major Professor Date

Signature of Department Chair Date

*If there is a change in the minor field requirements, the following signatures are required:
Please indicate changes in minor course work with an asterisk.

Signature of Minor Professor Date

Signature of Minor Department Chair Date

APPROVED:

Signature of Graduate Dean Date

(Please submit 2 original copies to the Graduate School)