

WASHINGTON STATE UNIVERSITY  
The Graduate School  
**CHANGE OF PROGRAM**

MASTER'S:   
DOCTORAL:

Name \_\_\_\_\_ I.D.# \_\_\_\_\_ Dept. \_\_\_\_\_

Course Prefix & Number	Course Title	Credit	Semester	Year
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Drop Courses

Add Course

On behalf of the Committee: \_\_\_\_\_ Date \_\_\_\_\_  
Chair, Thesis or Advisory Committee

Recommended by: \_\_\_\_\_ Date \_\_\_\_\_  
Department Chair

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Graduate School

Change form will not be returned to department or student. If there is a problem with the above change, you will be contacted by the Graduate School.