

**Missouri State University – Graduate College**  
**REQUEST FOR CHANGE OF ADVISOR APPROVED PROGRAM OF STUDY**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 M- number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Degree Sought

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Area of Study

**COURSE DELETIONS:**

Course Subject & Number	Course Title	Semester Taken	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COURSE ADDITIONS:**

Course Subject & Number	Course Title	Semester Taken	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If transfer course, please indicate the school/university where the course is being transferred from:**

\_\_\_\_\_

*NOTE: The use of this form is limited to the deletion or addition of no more than 4 courses. A revised Advisor Approved Program of Study form is required for major revisions.*

**APPROVALS**

\_\_\_\_\_  
 Chairperson/Advisor                      Date

\_\_\_\_\_  
 Graduate College Representative      Date

\_\_\_\_\_  
 Department Head or Program Coord.      Date

Submit completed form to: Graduate College, Carrington Hall 306, 901 S. National Avenue, Springfield, MO 65897
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