



**REQUEST FOR CHANGE IN GRADUATE
PROGRAM PLAN/PROGRAM OF STUDY**

DATE _____ STUDENT ID NUMBER _____

NAME _____ MAJOR CODE _____
Last First Middle

MAILING ADDRESS _____
Apt. No. Street City State ZIP Code

DEPARTMENT _____ DEGREE PROGRAM _____

CATALOG YEAR _____ GRADUATION TERM _____

An appropriate catalog year, graduation term date and advisor signature must be included on this form before approval to graduate will be granted.

NEW COURSE NUMBER AND TITLE	SEMESTER CREDITS	FOR	OLD COURSE NUMBER AND TITLE	SEMESTER CREDITS

REASON FOR REQUEST _____

Student Signature _____ Date _____

APPROVED

Academic Advisor _____ Date _____

Academic Unit Head _____ Date _____

Florida Institute of Technology ■ Office of the Registrar

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