

Amended Program of Study Form

EagleID: ___ - ___ - ___

Name: _____
Last First MI

Email: _____ Phone: _____

Mailing Address: _____
Street City State Zip

Degree: _____ Major: _____

Substitutions

Dept. Course Number	Credit Hours	Dept. Course Number	Credit Hours
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	

Approvals _____
Advisor/Major Professor/Committee Chair Date

_____ Date
Program Director/Department Chair

FOR USE BY THE COLLEGE OF GRADUATE STUDIES ONLY

Approved Denied Signature: _____ Date: _____

Unless notified to the contrary, the student may consider the request approved.

Return to: College of Graduate Studies
 Veazey Hall Rm 1013
 Georgia Southern
 University P.O. Box 8008
 Statesboro, GA 30460-8008