

College of Graduate Studies  
**Revision to Degree Plan**



MTSU ID #: \_\_\_\_\_ Degree: \_\_\_\_\_ Program: \_\_\_\_\_

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (City, State, Zip) Phone: \_\_\_\_\_

**Add the following course(s):**

Course Number	Course Title	Semester Hours

**Delete the following course(s):**

Course Number	Course Title	Semester Hours

Reason for requesting a change of degree plan:

\_\_\_\_\_  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Graduate Advisor/Program Director Approval Date

\_\_\_\_\_  
 Minor Advisor Approval (if applicable) Date

\_\_\_\_\_  
 College of Graduate Studies Designee Date

Revised: 13-OCT-03