

**STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE SCHOOL
PETITION TO CHANGE DEGREE PLAN**

STUDENT NAME _____ STUDENT ID NO. _____

CANDIDATE FOR: circle degree MFA MSW MS MA MBA MED MIS MM MPA MPAC

MAJOR/PROGRAM _____

I HEREBY PETITION TO CHANGE MY GRADUATE DEGREE PLAN AS FOLLOWS:

CLASSES TO BE DROPPED			CLASSES TO BE ADDED		
Course #	Title	CH	Course #	Title	CH

Signature of Student Date

APPROVED NOT APPROVED

APPROVED NOT APPROVED

Signature of Designated Program Director Date

Signature of Academic Unit Head Date

A COPY OF THIS PETITION MUST BE SENT TO THE FOLLOWING:

THE STUDENT

THE REGISTRAR'S OFFICE
ATTENTION: GRADUATION OFFICE
SFA Box 13050