

University of Wisconsin-Green Bay
GRADUATE PROGRAM PLAN CHANGE FORM

NAME _____ STUDENT ID # _____

MASTERS PROGRAM

- Applied Leadership for Teaching and Learning
- Environmental Science and Policy
- Management
- Social Work

I hereby authorize the following changes: (Note - If you are adding a transfer course, you must indicate where you took the course.)

DELETE

ADD

Course No.	Cr.	Title

Course No	Cr.	Title	Sem/year

(Chairperson or Authorized Advisor) _____ (Date) _____

(Director of Graduate Studies) _____ (Date) _____

This program plan change has been reviewed and determined to be in compliance with appropriate graduation requirements.

(Registrar Official) _____ (Date) _____