



**NMSU Graduate School**  
 Educational Services Building Room 301  
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 Phone: 575-646-5746 Fax: 575-646-7758  
<http://Gradschool.nmsu.edu>

<b>Graduate School Use Only</b> Sent and Processed by: _____ Date: _____
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### Program of Study Change Form

Student Last Name:		Student First Name:	
Student Banner ID:		Student Email:	
Student Major:		Degree:	
1 <sup>st</sup> Minor/2 <sup>nd</sup> Minor:		Phone:	
Degree:		Concentration:	

### Requested Coursework Changes

Prefix and Course Number	Course Title to be ADDED to Program of Study	Credit Hours	Prefix and Course Number	Course Title to be DROPPED from Program of Study	Credit Hours

- If changing more than 5 courses, please complete a new Program of Study instead of using this form.

Approval Required:	Typed or Printed Name	Signature	Date
Student Advisor:			
Student:			
Minor Faculty: (if transfer courses are for the student's minor)			
Department Head:			
Academic College Dean:			
Graduate School:			