

GRADUATE CURRICULUM MODIFICATION

STUDENT: _____
(NAME) (EMPLID) (PROGRAM)

SUBSTITUTE = Course that is an approved substitute for another, cross listed, has similar curriculum content, or satisfies the same state requirement.

WAIVE = Coursework that is no longer a requirement of the curriculum plan or has already been completed within the past five years and is not eligible for transfer of credit.

Ex. 1 Student completed similar curriculum in recent undergraduate degree. The similar graduate course is waived and an elective (replacement) course is assigned.

Ex. 2 Only 6 credits from 1st master's degree can transfer into 2nd master's degree even though more coursework is applicable.

TO BE FILLED OUT BY ACADEMIC DEPARTMENT AND/OR DEPARTMENT ADVISOR

1) **Required Course** _____
(COURSE ABR. & #) (COURSE TITLE)

CHECK ONE:

Waiver (PROOF ATTACHED OR ON FILE)

Substitution

Replacement Course _____
(COURSE ABR. & #) (COURSE TITLE)

EXPLANATION _____

2) **Required Course** _____
(COURSE ABR. & #) (COURSE TITLE)

CHECK ONE:

Waiver (PROOF ATTACHED OR ON FILE)

Substitution

Replacement Course _____
(COURSE ABR. & #) (COURSE TITLE)

EXPLANATION _____

ADVISER/COORDINATOR NAME (PRINT) _____

ADVISER/COORD. SIGNATURE _____ DATE _____

CHAIR SIGNATURE _____ DATE _____

DO NOT GIVE TO STUDENT – PLEASE SEND TO OFFICE OF GRADUATE STUDIES (SH 279)

OFFICE OF GRADUATE STUDIES APPROVAL _____ DATE _____

NOTES: