



OHIO
UNIVERSITY

The Gladys W. & David H. Patton
College of Education

REQUEST FOR CHANGE IN APPROVED DOCTORAL PROGRAM OF STUDY

NAME _____ DATE _____

PID NUMBER _____ MAJOR _____

Ohio University E-MAIL ADDRESS _____

POSTAL ADDRESS _____

I hereby request the following change(s) in my approved Program of Study. (INCLUDE COURSE ID, TITLE, CREDIT HOURS, DATE TAKEN AND INSTRUTOR FOR ALL COURSES LISTED)

The reason for this request is:

COMMITTEE APPROVAL Signature

PRINTED NAME

(Chairperson)

___ Approved / ___ Denied by Department Chair.

Department Chair signature

Date

Return to: Student Affairs, 125D McCracken Hall, Athens OH 45701

cc: Student
Advisor