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CHANGE IN PROGRAM OF STUDY

Student Name		MaineStreet ID (7 digits)
Address:		
Courses to be dropped:		
(Number of course)	(Name of course)	(Credit hours)
Courses to be added:		
(Number of course)	(Name of course)	(Credit hours)
Reason(s) for making change:		
	Committee approval:	(Chair)
	Graduate Coordinator:	