

Change in Plan of Work

Wayne State University
School of Library and Information Science
Master's Degree

Name: Bernard Halsted M. en7044
Last First Maiden or Middle WSU ID:

Complete this section only if there are changes to your address, etc.:

Home Address: City:

State: Zip: Country (if not U.S.):

Telephone: E-mail:

Concentration:

DELETE

Dept.	Course	Course Title	Credits	Grade
LIS	7140	Advanced Reference Service Strategies	3	

ADD

Dept.	Course	Course Title	Credits	Grade
LIS	7430	Multi-User Computing Environments	3	

Number of Credit Hours on current Plan of Work 42

Number of Credit Hours after Change in Plan of Work 42

Has Petition for Transfer of Graduate Credits been completed? Yes ☐ No ☐

Students must have faculty approval for all transfer credits.

I recommend that the Plan of Work be changed as noted above:

Halsted M. Bernard

20 March 2012

Student's signature Date

Advisor's signature Date

Change authorized by SLIS _____

Reviewed by

Date

**STUDENTS MUST HAVE FACULTY APPROVAL FOR ANY CHANGES IN PLAN OF WORK
PRIOR TO REGISTRATION**

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