

## Graduate Candidacy Contract Change Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

EWU ID Number: \_\_\_\_\_ Graduation Qtr: \_\_\_\_\_

To Be Added		To Be Deleted		
Course #	Credits	Course #	Title	Credits

\_\_\_\_\_  
Advisor or Graduate Director Signature

\_\_\_\_\_  
Date