

# REQUEST FOR COURSE CHANGE

(Or Other Modifications in Degree Program)

MS and PhD Program

Department of Entomology • Michigan State University

(This form is to be used to effect a change in courses from that listed on the Memorandum of Understanding (MS) or the Report of the Guidance Committee (PhD); it is to be initiated by the student and submitted to the Guidance Committee and Department Chairperson for approval.)

Name \_\_\_\_\_ PID \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

I. Course(s) to be removed (include course number, description, credits):

II. Course(s) to be added or substituted (include course number, description, credits, semester to be taken):

III. Other modifications (e.g. change in Guidance Committee members, thesis area, degree plan, etc.):

IV. Rational for requested changes (use reverse side if needed):

## SIGNATURES OF APPROVAL

Guidance Committee:

Department:

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Major Professor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Chairperson:

\_\_\_\_\_

\_\_\_\_\_