



# NORTHEASTERN STATE UNIVERSITY

Graduate College  
601 N. Grand Ave.  
Tahlequah OK 74464  
(918) 456-5511 ext. 2093

## REQUEST FOR CHANGE IN STUDY PLAN FOR THE MASTER'S DEGREE

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

I request the following change in my study plan for the master's degree.

Current Program: \_\_\_\_\_

New Program Requested: \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

Upon approval of this form the student should make an appointment with the new advisor to begin the program admission process.

GRADUATE COLLEGE OFFICE USE ONLY Processed by: \_\_\_\_\_

New program: \_\_\_\_\_ Code: \_\_\_\_\_

New Advisor: \_\_\_\_\_ Contact No. \_\_\_\_\_

Previous Advisor: \_\_\_\_\_