PLAN OF STUDY AMENDMENT FORM

TO BE COMPLETED BY THE STUDENT:			
Student Name:		WVUID#:	
Graduate Program:		Date:	
Degree: 🗖 MHS 🔲 MPH [☐ MSN ☐ MSN	☐ DNP ☐ PHD	
REQUESTED CHANGE TO PLAN OF STUDY (If your program utilizes the PLANS feature		complete the table below and please che	ck here: 🗖
Original Course	Requested Course	Reason	
Signature of Student	Printed/	typed Name	Date
Approved By:			
Signature of Advisor (if not Committee Chair)	Printed/	typed Name	Date
Signature of Graduate Program Director	Printed	/tyned Name	Date

Note: Once committee and/or program director signatures (if applicable) have been obtained, please make one copy of this form for the student's personal records, one copy for the student's mentor(where applicable), and one copy for the program director prior to submitting to the Office of Research and Graduate Education. A final copy will be placed in the student's file in their graduate program's office and in the Office of Research and Graduate Education once all signatures have been obtained.

Rev. 10/2015