

**SOUTHERN OREGON UNIVERSITY  
SCHOOL OF EDUCATION  
PROGRAM CHANGE REQUEST FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Telephone \_\_\_\_\_

Address (include city/state/zip) \_\_\_\_\_

Endorsement/Option Area: \_\_\_\_\_

**DIRECTIONS FOR USE OF THIS FORM:** Course substitutions require that you list both the course you are replacing (DELETE) and the course you are replacing it with (ADD) in the same section below. If the change is simply an addition or a deletion to the program, only the course to be added or deleted must be listed. After completing this form, obtain your advisor's signature and return the form to the School of Education. Copies will be distributed to all parties including student.

	Dept. & Course No.	Institution (if non-SOU)*	Course Title	Section on Program Form	Number Credits	Term and Year
Delete						
Add						
Delete						
Add						
Delete						
Add						
Delete						
Add						

\*If the added course is to be taken through another institution, you must attach an official course description or syllabus for the course. Failure to do so may result in delay of processing or the denial of the request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I approve these changes in the GRADUATE PROGRAM of the above-named student.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Education Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Education: \_\_\_\_\_ Date: \_\_\_\_\_