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**MA/MS INTERDISCIPLINARY STUDIES PROGRAM  
REQUEST FOR CHANGE IN PROGRAM**

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Program \_\_\_\_\_

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**CHANGE OF TITLE/THESIS/PROJECT**

New title: \_\_\_\_\_

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

Approved: \_\_\_\_\_  
Major Advisor Date

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**COURSE SUBSTITUTION**

From: \_\_\_\_\_  
Name of Course Units Course Number Date

To: \_\_\_\_\_  
Name of Course Units Course Number Date

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

Approved: \_\_\_\_\_  
Major Advisor Date

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**CHANGE OF COMMITTEE MEMBER**

From: \_\_\_\_\_  
Faculty Member Department

To: \_\_\_\_\_  
Faculty Member Department

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

Approved: \_\_\_\_\_  
Major Advisor Date

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**OTHER CHANGES (Specify request and reason):**

Approved: \_\_\_\_\_  
Major Advisor Date

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Graduate School: \_\_\_\_\_  
Director, Interdisciplinary Studies Program Date

Approved  Denied

Distribution: Original to the Graduate School, Copy to Student