



Plan of Study Course Substitution Form

(Submit to the Graduate School, 210 Jesse Hall by the end of the second semester)

Student name: _____

Mizzou ID number: _____ Anticipated graduation date: _____

Academic program: _____ Degree (i.e MBA, PhD, etc.): _____

Program address: _____ Major: _____

_____ Emphasis area: _____

(If applicable)

The following changes are requested for the Program of Study previously approved:

DELETE *(courses to be removed from Plan of Study)*

Number	Course Title	Hours

ADD *(courses to be included on the Plan of Study)*

Number	Course Title	Hours

Student's signature Date

Faculty Adviser's signature Date

Director of Graduate Studies signature Date

Dean of the Graduate School signature Date

Date copies sent to committee members and Director of Graduate Studies: _____