



**AMENDMENT TO THE PROGRAM OF STUDY FORM**

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

**I. Course(s) to be removed from the Program of Study**

COURSE NUMBER	TITLE	TERM	CREDIT HOURS	GRADE	INSTRUCTOR

Total Credit Hours Removed: \_\_\_\_\_

**II. Course(s) to be added to the Program of Study**

COURSE NUMBER	TITLE	TERM	CREDIT HOURS	GRADE	INSTRUCTOR

Total Credit Hours Added: \_\_\_\_\_

**TOTAL CREDIT HOURS (Program of Study and Amendment): \_\_\_\_\_**

**III. Approval Signatures:**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor (Print)

\_\_\_\_\_  
Academic Advisor (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Annette Watson  
EVSS Program Director (Print)

\_\_\_\_\_  
EVSS Program Director (Signature)

\_\_\_\_\_  
Date