



**NMSU Graduate School**  
 Educational Services Building Room 301  
 MSC 3GS P.O. Box 30001  
 Phone: 575-646-5746 Fax: 575-646-7758  
<http://Gradschool.nmsu.edu>

<b>Graduate School Use Only</b> Sent and Processed by:  Date: _____
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### Program of Study Change Form

Student Last Name:		Student First Name:	
Student Banner ID:		Student Email:	
Student Major:		Degree:	
1 <sup>st</sup> Minor/2 <sup>nd</sup> Minor:		Phone:	
Degree:		Concentration:	

Email completed form to [gradinfo@nmsu.edu](mailto:gradinfo@nmsu.edu)

### Requested Coursework Changes

Prefix and Course Number	Course Title to be ADDED to Program of Study	Credit Hours	Prefix and Course Number	Course Title to be DROPPED from Program of Study	Credit Hours

- If changing more than 5 courses, please complete a new Program of Study instead of using this form.

Approval Required:	Typed or Printed Name	Signature	Date
Student Advisor:			
Student:			
Minor Faculty: (if transfer courses are for the student's minor)			
Department Head:			
Academic College Dean:			
Graduate School:		/	