

## Amended Program of Study Form

EagleID: \_\_\_ - \_\_\_ - \_\_\_

Name: \_\_\_\_\_  
Last First MI

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### Substitutions

Dept. Course Number	Credit Hours	Dept. Course Number	Credit Hours
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	
Substitute:		For:	

Approvals \_\_\_\_\_  
Advisor/Major Professor/Committee Chair Date

\_\_\_\_\_ Date  
Program Director/Department Chair

### FOR USE BY THE COLLEGE OF GRADUATE STUDIES ONLY

Approved       Denied      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unless notified to the contrary, the student may consider the request approved.

Return to: College of Graduate Studies  
 Veazey Hall Rm 1013  
 Georgia Southern  
 University P.O. Box 8008  
 Statesboro, GA 30460-8008