

WASHINGTON STATE UNIVERSITY
The Graduate School
PROGRAM CHANGE FOR MASTER'S DEGREE

Name _____ I.D.# _____ Dept. _____

Course Prefix & Number	Course Title	Credit	Semester	Year
---------------------------	--------------	--------	----------	------

Drop Courses

Add Course

On behalf of the Committee: _____ Date _____
Chair, Thesis or Advisory Committee

Recommended by: _____ Date _____
Department Chair

Approved by: _____ Date _____
Dean, The Graduate School

- Distribution of approved copies:
- Student
 - Chair, Major Department
 - Chair, Thesis or Advisory Committee
 - Graduate Admissions