



Change in Doctoral Degree Plan

Student ID: _____

Date: _____

Student Name: _____

From - Department/Program: _____

Major: _____

Delete Course/s:

Course Number	Course Title	Hours	Semester Completed	Grade

Add Course/s:

Course Number	Course Title	Hours	Semester Completed	Grade

Committee Chair: _____

Chair/Director/Associate Dean: _____

Graduate School Dean: _____

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information.

The Graduate School

P.O. Box 425649 | Denton, TX 76204 | 940 898 3415 | gradschool@twu.edu