CLAYTON STATE UNIVERSITY-GRADUATE SCHOOL
CHANGE IN DEGREE PLAN

TO: Dean of the Graduate School

FROM: _____

DATE: _____

STUDENT: _____ **ID #** _____

MAJOR: _____ **MASTER'S** ☐

DELETE COURSE(S):

Course Number	Course Title	Hours	Date Completed	Grade

ADD COURSE(S):

Course Number	Course Title	Hours	Date Completed	Grade

Committee Chair **Date:** _____

Chair/Director/Associate Dean **Date:** _____

APPROVED **Date:** _____
Dean of the Graduate School