



REQUEST TO CHANGE DOCTORAL COURSE PROGRAM/COMMITTEE

Student's Name: _____ Major: _____ LU I.D.: _____

Address: _____

Proposed Course Changes (include course number, course title and semester):

Remove:

Add:

Proposed Dissertation Committee Changes:

Remove:

Add:

Required Signatures:

Student Date

Director, Doctoral Program Date

Chair, Educational Leadership Date

Dean of College of Education and Human Development Date

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_____ Approved _____ Disapproved

Dean of Graduate College Date

Submit signed original to the Graduate Office. The Graduate Office will distribute copies to the Department and Student.