Arthur Temple College of Forestry & Agriculture

Petition to Change Graduate Degree Plan

Name _____ SID: _____

Degree Program M.S. _____ M.F. _____ Ph.D. _____

Graduate Major _____

I hereby petition to change my graduate degree plan which is dated: _____

Change Requested:
Reason(s):

_____ _____

Major Professor Date Student Signature Date

_____ _____

Associate Dean Date Dean Date

A copy of this petition must be sent to the following:
Student
Graduate School
Registrar's Office