South Dakota State University

Graduate School

Change in Plan of Study

SAD 130, Box 2201
Brookings, SD 57007
(605) 688-4181
Return to Graduate School

This form will adjust the plan of study previously submitted, if approved, and must be signed by the major advisor before forwarding to the Graduate School. A copy of the approved form will be sent to the student via their Jacks email.

Name: _____
Last First Middle Initial Maiden Name

Student ID: _____

Degree: ☐ MS ☐ MED ☐ MA ☐ MMC ☐ MARCH ☐ MPH ☐ MENG ☐ PHD ☐ DNP

Program: _____ **Specialization:** _____
(Consult Graduate Catalog) (Consult Graduate Catalog)

Change from Master's Option_____to Option_____(if applicable)

DROP:

Dept. Prefix and Course Number	Course Title	Credits

ADD:

Dept. Prefix and Course Number	Course Title	Credits

Reason for proposed change:

_____

_____

_____
Student's Signature Date

_____
Signature of Major Advisor Date

ACTION OF GRADUATE DEAN:

Approved☐ Not Approved☐

_____
Signature of Dean Date

Transfer Coursework: Transfer approval is contingent upon the Graduate School receiving official transcripts from colleges/universities and those courses meeting all transfer requirements.