Instructions for Completing Form Online

MONTANA STATE UNIVERSITY-BILLINGS
GRADUATE STUDIES & RESEARCH
REQUEST TO MAKE CHANGE IN PLAN-OF-STUDY

INSTRUCTIONS: If you are changing Alternative and/or Option, you must file a revised Plan-of-Study. Both the Master of Science in Special Education and Master of Education plans-of-study must retain: 1) 9 semester credits in the Professional Core; 2) a course in Research (generally EDF 501); 3) a minimum of 50% of total credits in the Plan at the 500 (graduate) level; and at least 36 total credits. Rehabilitation Counseling plans-of-study must retain a minimum of 60 semester credits. If the change you are requesting involves a transfer course, which has already been completed, you must provide verification of the course (catalog description and transcript). If the change involves a transfer course you are planning to take, you must provide the course description and an official transcript when the course has been completed at a grade of "B" or better. When approved, signed copies of the request will be distributed to the student, advisor, and unit chair. If disapproved, you will be notified in writing. **PLEASE PRINT OR TYPE.**

_____ _____
Last Name First Name Middle (Maiden) Name SS/ID Number

_____ (__)_____
Street/PO Box City State Zip Telephone #

Master's Degree: _____ Option: _____

1. Explain why the change(s) is/are being requested: _____

_____

2. Indicate the change(s) you would like to make in your Plan-of-Study in the appropriate section below:

PROFESSIONAL CORE

Delete			**Add**		
Course Prefix/Number, Title	Cr.	Grade	Course Prefix/Number, Title	Cr.	Grade

PROFESSIONAL SPECIALIZATION

Delete			**Add**		
Course Prefix/Number, Title	Cr.	Grade	Course Prefix/Number, Title	Cr.	Grade

ELECTIVES

Delete			**Add**		
Course Prefix/Number, Title	Cr.	Grade	Course Prefix/Number, Title	Cr.	Grade

Please obtain signatures in the order shown

1. _____ **3.** _____
Students Signature Date Unit Chair's Signature Date

2. _____ **4.** _____
Advisor's Signature Date Dean's Signature Date

_____ Approved _____ Disapproved

Click here to print. Then, obtain signatures and send.