

GRADUATE PROGRAM IN COMMUNICATION
THE GRADUATE SCHOOL
UNIVERSITY OF MARYLAND

CHANGE IN PLAN OF STUDY
DOCTOR OF PHILOSOPHY DEGREE IN COMMUNICATION

Full Name (Last, First, Middle)

Date

Street Address

Student Identification Number

City, State, ZIP

E-mail Address

Home Telephone Number

Office Telephone Number

CHANGE IN PLAN OF STUDY

This form is for minor changes in the plan of study. All members of the committee of record must approve.

Proposed change(s) in plan of study:

Justification of change(s) [attach an additional sheet, if necessary]:

Approvals

Advisor of Record

Date

Member

Date

Member

Date

Member

Date

Member

Date

Member

Date

Approved Not Approved

Graduate Director

Date

Return Completed Form to Graduate Coordinator for Processing
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