

Texas A&M University-Texarkana Graduate Degree Plan Change/Substitution

	Date:			Student ID:		
	Student Name:					_
	Major:	Concentration:		Certification (if applica	able):	
SU	IBSTITUTIONS:					
1.	(Course Title & Number)		For _	(Course title & number)		
2			.			
2.	(Course Title & Number)		For _	(Course title & number)		
3.			For _			
	(Course Title & Number)			(Course title & number)		
4.	(Course Title & Number)		For _	(Course title & number)		
_	,		_	,		
5.	(Course Title & Number)		For _	(Course title & number)		
Rat	tionale for course substitution: _					
	(Advisor Signature)				(Date)	_
	(College Dean Signa	ture)			(Date)	

Return to the Graduate Studies Office:

Fax: (903-223-3140) Email: graduate.studies@tamut.edu Office: University Center, 2nd floor, Suite 260