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DOCTORAL PLAN OF STUDY REVISION

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Degree: _____ Major: _____

Please justify the following additions, deletions or substitutions to the original Plan of Study (Dated _____) that are recommended to The Graduate School:

These revisions have been approved by the following advisory/dissertation committee. Please sign below, and type name under signature line:

Chair: _____
Print Name:

Member: _____
Print Name:

Member: _____
Print Name:

Member: _____
Print Name:

Member: _____
Print Name:

Department Head or
Director of Graduate Study: _____
Date

Dean, School of Education: _____
(required for education majors) Date

Approved: _____
Dean of The Graduate School Date

- Original to Student File
- c: Department Chair or Director of Graduate Study
- Dean (for education majors)
- Committee Chair
- Student