Change in Plan of Work
Wayne State University
Library and Information Science Program
Master's Degree

Name: _____ WSU ID: _____

          Last   First   Maiden or Middle

Complete this section only if there are changes to your address, etc.:

Home Address: _____ City: _____

State: _____ Zip: _____ Country (if not U.S.): _____

Telephone: _____ E-mail: _____

Concentration: _____

DELETE

Dept.	Course	Course Title	Credits	Grade

ADD

Dept.	Course	Course Title	Credits	Grade

Number of Credit Hours on current Plan of Work   [   ]

Number of Credit Hours after Change in Plan of Work   [   ]

Has Petition for Transfer of Graduate Credits been completed?   Yes •   No •
    Students must have faculty approval for all transfer credits.

I recommend that the Plan of Work be changed as noted above:

_____

Student's signature   Date

_____

Advisor's signature   Date

Change authorized by LIS   _____

                                  Reviewed by   Date

STUDENTS MUST HAVE FACULTY APPROVAL FOR ANY CHANGES IN PLAN OF WORK
PRIOR TO REGISTRATION