

**Change in Plan of Work
Specialist Certificate
Wayne State University
Library and Information Science Program**

Name: _____ WSU ID: _____
Last First Maiden or Middle

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**