

****** ATTACH YOUR DEGREE PLAN TO THIS FORM ******

**Stephen F. Austin State University
Nacogdoches, Texas**

**GRADUATE SCHOOL
PETITION TO CHANGE DEGREE PLAN**

NAME _____ **DATE** _____

CID: _____ - _____ - _____

Candidate for degree to be awarded in _____ (Graduation date).

I hereby petition to change my graduate degree plan dated _____, 20__ as follows:

REASON:

Student Signature

____ Approved ____ Not Approved

____ Approved ____ Not Approved

Major Graduate Advisor

Minor Graduate Advisor

____ Approved ____ Not Approved

____ Approved ____ Not Approved

Major Department Head

Minor Department Head

____ Approved ____ Not Approved

____ Approved ____ Not Approved

Certificate Officer

Dean of the Graduate School