STEPHEN F. AUSTIN STATE UNIVERSITY GRADUATE SCHOOL PETITION TO CHANGE DEGREE PLAN

STUDENT NAME STUDENT ID NO										
CANDIDATE FO	OR: circle degree	MFA	MSW	MS N	IA MBA	MED	MIS	MM	MPA	MPAC
Major/Progi	RAM									
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CLASSES TO BE DR Course # Title			Credit Hours		Course #		CLASSES TO BE ADDED Title			Credit Hours
				110015						110415
Signature of S	Student			Date						
APPROVEI	DNOT APPROV	ED		-	APPROVE	DNo	T APPROV	ED		
Signature of Designated Program Director Date					Department Chair					ate
A COPY OF T	THIS PETITION M	UST BE	SENT TO	THE FOLL	OWING:					
THE STUDENT										
THE REGISTRA ATTENTION: C	AR'S OFFICE GRADUATION OI	FFICE								

SFA Box 13050