

## AMENDMENT TO PROGRAM OF STUDY

| Name: |                |                        | UNID:                |            |  |
|-------|----------------|------------------------|----------------------|------------|--|
|       | Program        |                        | 🗆 PhD                |            |  |
|       | If MS, Track:  | Electrical Engineering | Computer Engineering | □ Robotics |  |
|       | If MS, Option: | Coursework             | 🗆 Project            | □ Thesis   |  |

## I request permission to modify my program with the following changes:

## COURSES TO ADD

| Semester /<br>Year              | Course # and Name | Credit<br>Hours | Reason for Change |
|---------------------------------|-------------------|-----------------|-------------------|
|                                 |                   |                 |                   |
|                                 |                   |                 |                   |
|                                 |                   |                 |                   |
|                                 |                   |                 |                   |
|                                 |                   |                 |                   |
|                                 |                   |                 |                   |
|                                 |                   |                 |                   |
| Total Credit Hours to be ADDED: |                   |                 |                   |

## **COURSES TO DELETE**

| Semester /<br>Year                | Course # and Name | Credit<br>Hours | Reason for Change |
|-----------------------------------|-------------------|-----------------|-------------------|
|                                   |                   |                 |                   |
|                                   |                   |                 |                   |
|                                   |                   |                 |                   |
|                                   |                   |                 |                   |
|                                   |                   |                 |                   |
|                                   |                   |                 |                   |
|                                   |                   |                 |                   |
| Total Credit Hours to be DELETED: |                   |                 |                   |

| Student Signature            | Date        |  |
|------------------------------|-------------|--|
| Committee Chair              | Signature   |  |
| Director of Graduate Studies | _ Signature |  |