



**UNC
GREENSBORO**
The Graduate School

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1202 Spring Garden Street
Greensboro NC 27412
336.334.5596 Phone
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DOCTORAL PLAN OF STUDY REVISION

Please submit to The Graduate School immediately when changes to the plan of study occur.

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Degree: _____ Major: _____

If the program has changed requirements since the admitted catalog term and the student wishes to follow the new requirements, the student must request an update to their catalog term. This request requires student signature.

Admitted Catalog Term: _____ Student Request to Update Catalog Term to _____.

Student Signature: _____

Please justify the following additions, deletions or substitutions to the original Plan of Study (Dated _____) that are recommended to The Graduate School. An updated plan of study document should be attached when multiple changes are made to the previous plan.

These revisions have been approved by the following advisory/dissertation committee.

Use Dropdown for Co-Chair

Chair's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Print Name: _____

Member's Signature: _____

Member's Signature: _____

Print Name: _____

Print Name: _____

Signature below endorses Chair as doctoral advisor and chair of dissertation committee

Department Head or
Graduate Program Director: _____ Date: _____

Approved: _____ Date: _____

Vice Provost and Dean of The Graduate School

Email: Department Head or Graduate Program Director
Committee Chair

Administrative Assistant
Student