

Plan of Study

# Amendment Form

For MA Degree in Communication Studies

**Student's Name:** \_\_\_\_\_

Local Address: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

	Name of Courses to be added (Substitution)	Name of Courses to be Deleted
1		
2		
3		
4		

Reasons for Substitution

Date Confirmed/Filed: \_\_\_\_\_

Graduate Program Coordinator: \_\_\_\_\_