

BOISE STATE UNIVERSITY GRADUATE COLLEGE
REQUEST FOR ADJUSTMENT OF ACADEMIC REQUIREMENTS

(Do not submit prior to submission of Admission to Candidacy form)

Name _____

Student ID Number _____ Social Security Number _____

Mailing Address _____
Street City State Zip Code

Daytime Telephone Number (_____) _____

Graduate Program _____ Advisor _____

Graduate credit hours completed to date _____ Cumulative Graduate GPA _____

I request the following adjustment of degree requirements in my graduate program:

Proposed Adjustment:

Reason for Adjustment:

Signature of Student Date

Advisor:

Approved Disapproved

Advisor's Signature Date

Graduate Program Coordinator:

Approved Disapproved

Program Coordinator's Signature Date

Graduate Dean:

Approved Disapproved

Graduate Dean's Signature Date

Distribution: Graduate Admissions
Program Coordinator
Advisor
Student