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Office of Academic Affairs
Graduate College
110 Main Building
Illinois Institute of Technology
Chicago, IL 60616

Change in the Program of Study

Only one original is required. Approved copies will be mailed to all signatories.

Please type the student's name and mailing address :

Student ID/ CWID

☐☐☐ - ☐☐ - ☐☐☐☐

Program with Thesis /Course

☐☐☐☐☐☐

Total Degree Credits

☐☐☐

Adviser's last name, initial

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No changes in the program will be accepted after filing an Application for Graduation. Completed courses or courses in progress cannot be deleted from the Program of Study.

Course Initials	No.	Cr.	Course Title	Sem.	Year
			Items to be deleted :		
			Items to be added :		

Reason(s) for the requested change(s) :

_____

_____

Approvals : Adviser _____ Date _____

Dept. Chmn _____ Date _____

Dean of Graduate College _____ Date _____

Comments : _____