

WESTERN MICHIGAN UNIVERSITY
School of Social Work

Program Change Form

(To be completed if a program plan form was previously sent to the Registrar, but has now changed)

TO: Office of the Registrar

FROM: The School of Social Work

Please record the following change(s) in the graduate program of:

Name: _____ WIN: _____

DELETE
Course #/Title

ADD
Course #/Title

Student Signature

Advisor Signature

Date

Date

Students: Please return this form to Helen Beck after it has been approved and signed by your advisor.

