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# WESTERN MICHIGAN UNIVERSITY

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## Graduate Program Change

TO: The Registrar/Graduation Auditing

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

FROM: Department of Educational Studies  
College of Education  
(269) 387-5935

RE: Change in Graduate Program

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**Student Name**

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**SS#**

**Course Originally Required to Elect**

**Substitute Course**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

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3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

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Approved by: \_\_\_\_\_

(Graduate Advisor)