



PROGRAM PLAN OF STUDY CHANGE REQUEST
Doctoral Students

Students must use this form for completion of one of the following tasks (please check appropriate box):

- I'd like to register for a GW course that is not on my official program plan of study and have it count towards my GSEHD program of study.
- I'd like to transfer credits from another institution to count towards my GSEHD program of study. If requesting to transfer course work from another institution, this form must be accompanied by an official transcript.
- I have read and understand the policies and procedures regarding **transfer credits, non-degree status, and residency requirements** outlined in the Doctoral Student Handbook.

NAME (print): _____ GWID #: _____

SIGNATURE: _____ DATE: ____/____/____

DEGREE: _____ FIELD OF STUDY: _____

<u>Program Course Requirement:</u>	<u>Proposed Change:</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Comments (if necessary): _____

ACADEMIC ADVISOR SECTION ONLY

Advisors, please be sure that any transfer credits proposed to replace a GSEHD course meet all the following transfer credit requirements.

- It was taken at a regionally accredited college or university;
- It was passed with a grade of "B" or better;
- It is not being used to satisfy the 36 credit hour residency requirement
- It was completed within the last five years before beginning the GW doctoral program; and
- It has not been used to fulfill the requirements of another degree program.

Primary Advisor Signature: _____ DATE: ____/____/____

Secondary Advisor Signature: _____ DATE: ____/____/____

If a change is made in the research sequence, the signature of a research faculty member is required.

Research Methods Faculty Signature (if applicable): _____ DATE: ____/____/____

STUDENT SERVICES OFFICE ONLY

DATE RECEIVED: ____/____/____ NOTES: _____

QUESTIONS? Contact your Student Services Representative indicated on your admissions decision letter. Please complete this form and return it to: