

THE GRADUATE SCHOOL  
UNIVERSITY OF SOUTH CAROLINA

REQUEST FOR ADJUSTMENT IN GRADUATE PROGRAM

This form is to be used when a student wishes to (1) delete a course from an approved Program of Study; or (2) add a course to an approved Program of Study. The form must be approved by the Advisor, Graduate Director, and Dean of The Graduate School. Please include course numbers and titles and, if taken at another institution, the name of the institution.

_____	_____	_____
Name	Social Security No.	Telephone
_____	_____	_____
Street	City	State      Zip
_____	_____	_____
School or Department	Major	Degree Sought

**DELETE**

**ADD**

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Course #: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Graduate Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean of The Graduate School

\_\_\_\_\_  
Date