

University of Nebraska at Omaha
CHANGE IN PLAN OF STUDY

Name:	NU ID:
Address:	Daytime Phone:
	E-mail:

<p>Major <input style="width: 400px; height: 20px;" type="text"/></p> <p>Degree/Certificate:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Master of Arts</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Master of Social Work</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Master of Science</td> <td style="padding: 5px;"><input type="checkbox"/> Master of Accounting</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Master of Public Administration</td> <td style="padding: 5px;"><input type="checkbox"/> Master of Public Health</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Master of Business Administration</td> <td style="padding: 5px;"><input type="checkbox"/> Master of Arts for Teachers of Mathematics</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Executive MBA</td> <td style="padding: 5px;"><input type="checkbox"/> Master of Music</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Specialist in Education</td> <td style="padding: 5px;"><input type="checkbox"/> Certificate</td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> <input type="checkbox"/> Thesis Option <input type="checkbox"/> Non-Thesis Option </div> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> <p>Changing from Unclassified status to a degree program within the same department.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	<input type="checkbox"/> Master of Arts	<input type="checkbox"/> Master of Social Work	<input type="checkbox"/> Master of Science	<input type="checkbox"/> Master of Accounting	<input type="checkbox"/> Master of Public Administration	<input type="checkbox"/> Master of Public Health	<input type="checkbox"/> Master of Business Administration	<input type="checkbox"/> Master of Arts for Teachers of Mathematics	<input type="checkbox"/> Executive MBA	<input type="checkbox"/> Master of Music	<input type="checkbox"/> Specialist in Education	<input type="checkbox"/> Certificate	<p>Designate concentration or minor here. Degree audit will make the necessary changes to the program of study once this is specified. If doing a minor, a signature from the minor department must be obtained on the bottom of the form.</p> <p>Concentration (if applicable):</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Master of Arts	<input type="checkbox"/> Master of Social Work												
<input type="checkbox"/> Master of Science	<input type="checkbox"/> Master of Accounting												
<input type="checkbox"/> Master of Public Administration	<input type="checkbox"/> Master of Public Health												
<input type="checkbox"/> Master of Business Administration	<input type="checkbox"/> Master of Arts for Teachers of Mathematics												
<input type="checkbox"/> Executive MBA	<input type="checkbox"/> Master of Music												
<input type="checkbox"/> Specialist in Education	<input type="checkbox"/> Certificate												
	<p>.....</p> <p>Minor (if applicable):</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>												

Substitutions (Including transfer courses – an official transcript must be on file showing satisfactory completion of the course(s)).

Course to Delete				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)
Course to Add				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)

Course to Delete				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)
Course to Add				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)

Course to Delete				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)
Course to Add				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)

Course to Delete				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)
Course to Add				
<input type="checkbox"/> Elective	Dept/Course #:	Title:	Credit Hours:	Institution (If transfer)

Signatures:

_____	_____	_____	_____
Student	Date	Graduate Program Chair	Date

_____	_____	_____	_____
Advisor	Date	Dept. Chair/School Director (if applicable)	Date

_____	_____	_____	_____
Representative of Minor (if applicable)	Date	Graduate Dean	Date