

**University of Nebraska at Omaha  
Department of Psychology  
Doctoral Change in Program of Study Form**

NAME: \_\_\_\_\_

NUID #: \_\_\_\_\_

DOCTORAL PROGRAM OF STUDY FORM FILED ON: \_\_\_\_\_

**DELETE:**

Course #	Course Title	Credit	Semester

**ADD:**

Course #	Course Title	Credit	Semester

**Note concerning transfer courses:** An official transcript **must** be on file with Admissions for each transfer course listed on the Plan of Study. Please include the name of the institution from which transfer courses were taken in the *Other changes or comments* section below.

**Other changes or comments:**

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\_\_\_\_\_  
Student signature                      Date

\_\_\_\_\_  
Graduate Program Chairperson                      Date

\_\_\_\_\_  
Advisor                      Date

\_\_\_\_\_  
Dean for Graduate Studies and Research                      Date

**Comments:**

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