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:

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<th>Course #</th>
<th>Course Title</th>
<th>Credit</th>
<th>Semester</th>
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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:

_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________

Student signature ___________________________ Date ___________  

Graduate Program Chairperson ___________________________ Date ___________ 

Advisor ___________________________ Date ___________  

Dean for Graduate Studies and Research ___________________________ Date ___________ 

Comments:

_____________________________________________________________________
_____________________________________________________________________