



CHANGE IN PLAN OF WORK

Doctor of Philosophy

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Name _____ Date _____

PID _____ E-mail _____ Telephone _____

Address _____

NOTE: If there are *major* changes involved, please submit a Revised Plan of Work

COURSES TO BE DELETED:

Course Number	Course Title	Credits	Semester
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COURSES TO BE ADDED:

Course Number	Course Title	Credits	Semester
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIS WILL CHANGE THE **TOTAL** NUMBER OF CREDIT HOURS FROM TO

Advisor Date

Graduate School Approval Date