



WAYNE STATE
College of Education

Graduate Education Office
489 Education
5425 Gullen Mall
Detroit, Michigan 48202
313-577-1605
313-577- 7904 FAX

Change in Masters or Educational Specialist Plan of Work

The completed form is submitted to the Graduate Education Office in 489, Education.

Please Print - Name of Student (First, Middle Initial, Last)

Select your Plan of Work:

WSU Student ID Number (10 digits)

_____ Master's Degree Plan

_____ Educational Specialist Certificate Plan

Name of Advisor

Courses to be DELETED from the Plan of Work:

Course Number	Course Name	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses to be ADDED to the Plan of Work:

Course Number	Course Name	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

This change will change the total number of hours in the student's degree program from _____ to _____

This change will change the date of completion for the degree program from _____ to _____

Please change advisor from _____ to _____

Student's Signature

Date

Advisor's Signature

Date