

**DEPARTMENT OF PSYCHOLOGY**  
**REQUEST FOR CHANGE IN STUDY PLAN FOR MASTER'S DEGREE**  
(Classified Graduate Students Only)

**Student's Name:** \_\_\_\_\_ **Coyote ID:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

\_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Psychology Master's Program:** \_\_\_\_\_

**List course names, numbers, and units, and/or thesis committee chair & members**

**From**

**To**


**State reason for request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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**APPROVAL RECOMMENDED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

**Faculty Thesis Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Graduate Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_