REQUEST TO MODIFY EDUCATIONAL STUDIES MINOR

Student Name______________________________  UID_____________

Email_______________________________ Phone___________ Major_______________________________

Request:

1. Transfer Credit for Previously Taken Course (please attach Syllabus):
   o Name of Course (and course number) Taken:
   o Institution:
   o Grade:

2. Substitute New Course for an Existing Course in the Minor (please attach Syllabus):
   o Name of Proposed Course (and course number):
   o Course Category (A, B, or C):
   o Instructors Name:

Additional Comments:

Approvals

_________________ _____________
Course Instructor Date

_________________ _____________
Chair, Ed Studies Date

Educational Studies Advisory Committee

A. Gabriele (Chair)  Approve_____ Disapprove_____
C. Froyum  Approve_____ Disapprove_____
K. MacLin  Approve_____ Disapprove_____
R. McNeal  Approve_____ Disapprove_____