

REQUEST TO MODIFY EDUCATIONAL STUDIES MINOR

Student Name _____ UID _____

Email _____ Phone _____ Major _____

Request:

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

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

Additional Comments:

Approvals

Course Instructor

Date

Chair, Ed Studies

Date

Educational Studies Advisory Committee

A. Gabriele (Chair)	Approve _____	Disapprove _____
X. Escandell	Approve _____	Disapprove _____
K. Maclin	Approve _____	Disapprove _____
R. McNeal	Approve _____	Disapprove _____