WAYNE STATE UNIVERSITY

Department of Chemistry

CHANGE IN PLAN OF WORK
Doctor of Philosophy

Name _____ Date _____

PID _____ E-mail _____ Telephone _____

Advisor _____

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

_____ _____
Chemistry Department Approval   Date