

Office of Graduate Studies
University of Wisconsin Oshkosh
Candidacy/Program Modification Form



Name _____ Student I.D. No. _____
Street _____ Degree Program _____
City, State, Zip _____

Directions: Student completes Section A and submits through the faculty/advisor to the program coordinator.

A Describe **deletions from** candidacy program (Include 3-digit catalog number, title, and credits):

Describe **additions to** candidacy program (include 3-digit catalog number, title, and credit):

Justification/explanation of program changes:

Student Signature _____ Date _____

B **Acceptance of Proposed Program Changes:**

Faculty/Advisor Signature _____ Date _____

Program Coordinator Signature _____ Date _____

C **Office of Graduate Studies Action:**

Provost/Vice Chancellor, Office of Graduate Studies

_____ Date _____