SAM HOUSTON STATE UNIVERSITY

A Member of The Texas State University System www.shsu.edu

OFFICE OF THE REGISTRAR 1-866-BEARKAT

DEGREE WORKS DEGREE PLAN CHANGE FORM

DATE:_____

DEGREE(S): _____ **MAJOR(S):** _____

LIST SPECIFIC MINOR: _____ OR **ALL MINORS** OR **ALL MINORS EXCEPT**: _____

CATALOG YEARS:

PLEASE CIRCLE 2010 ◉ 2011 ○ 2012 ○ 2013 ○

** Changes can be submitted January 1 - May 31 to be updated prior to the upcoming Fall term.**

Indicate Change by listing the Area Title, what the area currently reads, and what the area should be changed to read.

AREA TITLE		AREA CURRENTLY READS		CHANGE AREA TO READ

Required Signatures:

_____ Department Chair

_____ Date

_____ Academic Dean

_____ Date

For assistance, please contact Amanda Brown at (936) 294-1587 • Fax: 936-294-1097 • Email: adt013@shsu.edu

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