
College of University Studies

North Dakota
State University
Fargo

Morrill Hall 112 231-7014

(Please type)

NAID _____ Name _____ Date _____

**Request to Change an
Approved Bachelor of University Studies Degree Plan**

(Requests must be submitted and approved prior to enrollment in the course)

Courses to be Deleted					Courses to be Added				
<u>Inst.</u>	<u>Dept.</u>	<u>Course Number</u>	<u>Title</u>	<u>Credits</u>	<u>Inst.</u>	<u>Dept.</u>	<u>Course Number</u>	<u>Title</u>	<u>Credits</u>

Explanation:

Student's signature

Street

City

Telephone

Approved by _____
Adviser

Director

Date