

Change in Sub-Plan Form

- By making this request for a change of graduate degree program, I have reviewed the requirements for the new degree program.
- I understand the minimum requirements for graduation in the new graduate degree program.
- I understand that this request will not take effect until the end of the current semester.

Name: _____

Date: _____

UC #: _____

UC E-mail: _____

Degree in which you are enrolled:

MPH

MS

PhD

Current Academic Sub-Plan: _____

New Academic Sub-Plan: _____

New Academic Sub-Plan Advisor Name: _____

Student Signature

Current Academic Advisor Signature

New Academic Advisor Signature