

Graduate Degree - Change/Exception Management Form
 Return completed, signed, and approved form to
 UCA Graduate School, 201 Donaghey Avenue, Torreyson West 328, Conway AR 72034

NAME

UCA ID#

EMAIL

DEGREE PROGRAM

We request the following graduate program changes/exceptions (complete all that apply):

Bulletin Year change to

Concentration change to

SUBSTITUTIONS - Specify substitute course(s) not on the preapproved list in DegreeWorks

SUBSTITUTE FOR (prefix & no.)	WITH COURSE (prefix & no.)	COURSE TITLE	CREDIT HOURS	TERM / YEAR

TRANSFER COURSE WORK – No Workshops, Correspondence, or Extension Courses Accepted
No Grades below a “B” Accepted

EQUIV. UCA DEPT & COURSE #	TRANSFER DEPT & COURSE #	COURSE TITLE	NAME OF INSTITUTION CITY AND STATE	CREDIT HOURS	TERM / YEAR

Student's Signature

Date MM/DD/YY

Departmental Approval **Rationale MUST be provided for SUBSTITUTIONS and TRANSFER WORK below:**

Dept. Approver's Signature

Date MM/DD/YY

Approver's Name (print)

Title/Position

Graduate School Approver's Name _____ Date _____