

## Graduate Level - Degree Works Management Form

Return completed, signed, and approved form to  
UCA Graduate School, 201 Donaghey Avenue, Torreyson West 328, Conway AR 72034

NAME

UCA ID#

UCA EMAIL ADDRESS

DEGREE PROGRAM

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

**Bulletin Year change to**

**Concentration change to**

**SUBSTITUTIONS - Specify substitutions for courses, electives, cognates, or content courses  
NOT on the preapproved list in DegreeWorks**

SUBSTITUTE FOR (UCA prefix & no) OR INDICATE: "elective", "cognate", "content"	WITH COURSE (prefix & no.)	COURSE TITLE	CREDIT HOURS	TERM / YEAR

.....  
***The Department Approver MUST provide rationale for each of the SUBSTITUTIONS below:***

Dept. Approver's Name (print)

Title/Position

Dept. Approver's Signature

Date mm/dd/yy

Graduate School Approver's Name \_\_\_\_\_ Date \_\_\_\_\_

Processed in Degree Works by \_\_\_\_\_ Date \_\_\_\_\_