

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**

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

.....
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** _____