



Off-Campus Programs
802 Industrial Drive
Mount Pleasant, MI 48858

PROGRAM PLAN AMENDMENT

Name: _____ CMU Student ID #: _____

Program Center: _____ Bulletin Year: _____

Graduate: Undergraduate: Concentration/Major: _____

Add the following courses to the student program plan

Course	Hours	Title	Plan Location (Concentration, UP, Major Core, Minor, Competency)

Delete the following courses from the student program plan

Course	Hours	Title	Plan Location (Concentration, UP, Major Core, Minor, Competency)

Student Signature:* _____ Date: _____

Advisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

*Print student's signature *if notified by telephone.*