Universidad de Puerto Rico Recinto Universitario de Mayagüez Decanato de Asuntos Académicos Oficina de Estudios Graduados Call Box 9000

Mayagüez, Puerto Rico 00681-9000

SULUSITARIO DE LA MANAGORA DE PREVENÇA DE

University of Puerto Rico Mayagüez Campus Dean of Academic Affairs Office of Graduate Studies

Call Box 9000 Mayagüez, Puerto Rico 00681-9000

FORM DAAEG-004 Rev. October 2015

Amendment to Plan of Study

Surname and Name (s) of Student:				2. Identification Number:			
3. Program:	4. Degree: Choose one of the following options:			5. Semester of Admission: Choose semester: Choose year:			
6. Type of Amendment(s)							
Mark the matter to amend:				or project			
7. Description of Amendment							
O tradition of about a							
8. Justification of change							
9. Recommendation of the student's Gra	duate Committee	and Commi	ttee change	s. if anv:			
Name:	Rank	Degree	Signo	-	Date	Change	
Chairperson:							
Co-chair (if applicable):							
Member:							
Member:							
Member:							
Member:							
Member:							
Member:							
Member:							
10. Approved by:					•		
Student:		Graduate Program Coordinator (if applicable):			Department Director		
Date:	Date:	Date:			Date:		

This document must be sent: <u>original</u> hand in to the **Registrar'rs Office**<u>copy</u> hand in to the **Office of Graduate Studies**

