



296 Eberhart Building
321 McIver Street
Greensboro, NC 27412
336-334-5014 *phone*
336-334-5066 *fax*

THE UNIVERSITY OF NORTH CAROLINA
GREENSBORO
THE GRADUATE SCHOOL

MASTERS PLAN OF STUDY REVISION

School/Department: _____ Date: _____

Student's Name: _____ ID#: _____

Please justify the following additions, deletions or substitutions to the original Master's Plan of Study (dated: _____) that are recommended to the Graduate School:

These revisions have been approved by the following advisory/dissertation committee:

Please sign below, and type name under signature line:

Chair: _____

Member: _____ Member: _____

Print Name: _____ Print Name: _____

Member: _____ Member: _____

Print Name: _____ Print Name: _____

Department Chair or Director of
Graduate Study: _____ Date: _____