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THE UNIVERSITY OF NORTH CAROLINA
GREENSBORO
THE GRADUATE SCHOOL

MASTERS PLAN OF STUDY REVISION

Expected Graduation Date: _____

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: _____