



MASTER'S DEGREE IN MULTIDISCIPLINARY STUDIES

REQUEST FOR CHANGE IN APPROVED DEGREE CANDIDACY

International Graduate Programs for Educators · 430 C South Wing · 1300 Elmwood Avenue · Buffalo, NY 14222 · FAX: (716) 878-6809 · intlearning@buffalostate.edu

Please print or type to ensure accuracy.

Name: Last First Middle (Please use name listed on application for admission)

Address: Street City

State/Providence Country Zip Code/Postal Code

Social Security/Student #: Email Address:

Principal Advisor: Carolyn Brunner Candidacy Degree Form Date:

The requested change(s) in approved graduate degree program are noted below.

Table with 3 columns: Course Number, Course Title, Credits. Rows for DELETE and ADD.

To be approved, the student, ONE (1) member of advisory committee and the principal advisor must sign below.

Date Student

Date Principal Advisor

Date Advisory Committee Member