

DEPARTMENT OF HORTICULTURE  
COLLEGE OF AGRICULTURE AND NATURAL RESOURCES

**CHANGE IN ACADEMIC PROGRAM**  
(form must be typed)

TO: Associate Dean  
121 Agriculture Hall

Student Name: \_\_\_\_\_ PID: \_\_\_\_\_

Please make the following addition(s) and/or deletion(s) to the above mentioned student's academic program. A deletion requires the signature of all committee members.

Delete the Following Course(s)	Add the Following Course(s)

The reasons for the changes are as follows:

\_\_\_\_\_  
Guidance Committee Chair                      Date

\_\_\_\_\_  
Guidance Committee Member                      Date

\_\_\_\_\_  
Guidance Committee Member                      Date

\_\_\_\_\_  
Guidance Committee Member                      Date

\_\_\_\_\_  
Guidance Committee Member                      Date

\_\_\_\_\_  
Guidance Committee Member                      Date

\_\_\_\_\_  
Student    Date

\_\_\_\_\_  
Graduate Programs Chair                              Date

\_\_\_\_\_  
Associate Dean    Date