

UNIVERSITY OF WYOMING COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
ACADEMIC PROGRAMS, ROOM 160 AG, 766-4135
CHANGE TO DEGREE REQUIREMENTS

Student's Name _____ Student ID# W _____

Student's Email _____

Major _____ Option _____ Minor _____

CHANGE REQUESTED:

1) _____ Substitute: UW course # and name for *required* UW course # and name.

_____ for _____
_____ for _____
_____ for _____
_____ for _____
_____ for _____
_____ for _____

(UW course # and name) (required UW course # and name)

2) _____ Substitute: Course # and name from another institution for required UW course #.

_____ from _____ for _____
_____ from _____ for _____
_____ from _____ for _____
_____ from _____ for _____
_____ from _____ for _____
_____ from _____ for _____
_____ from _____ for _____

(course # and name) (institution) (required UW course #)

3) _____ Special request for change: (*please be as specific as possible*)

Use reverse side for any additional substitutions.

Student's Signature _____ Date _____
(required)

Advisor's Signature _____ Date _____
(required)

Department Head's Signature _____ Date _____
(required)

Please return form to AG 160 Academic & Student Programs, for approval by the Associate Dean. It will then be sent to the Office of the Registrar for processing.

Processed by: _____ Date _____