UNIVERSITY OF GUAM
UNIBETSEDÅT GUAHAN

CHANGE IN DEGREE PROGRAM REQUIREMENTS

STUDENT _____STUDENT ID#_____EMAIL:_____

Please make the following change(s) to the student's current Program Degree Requirements:

1. **CHANGE IN BULLETIN YEAR**
   From: _____

   To: _____

2. **COURSE CHANGE(S)**
   Please indicate what requirement category the change(s) applies (core courses, area of specialization, capstone, pedagogical knowledge, electives, etc.)

   Drop: _____ Credit: _____ Category_____
   Add: _____ Credit: _____

   Drop: _____ Credit: _____ Category_____
   Add: _____ Credit: _____

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   Add: _____ Credit: _____

   Drop: _____ Credit: _____ Category_____
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   Drop: _____ Credit: _____ Category_____
   Add: _____ Credit: _____

   Drop: _____ Credit: _____ Category_____
   Add: _____ Credit: _____

   Drop: _____ Credit: _____ Category_____
   Add: _____ Credit: _____

   Drop: _____ Credit: _____ Category_____
   Add: _____ Credit: _____

Action by the Program Chair
   ☐ Approved
   ☐ Disapproved   _____
                          Program Chair's Name & Signature   Date

Action by College Dean
   ☐ Approved
   ☐ Disapproved   _____
                          Dean's Name & Signature   Date

Action by the Registrar
   ☐ Approved
   ☐ Disapproved   _____
                          Registrar's Name & Signature   Date

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