

COLLEGE OF PUBLIC HEALTH

Request for Change in Departmental Plan of Study

The College of Public Health, The University of Iowa, requests this information for the purpose of revision of your Plan of Study. NO persons outside the university are routinely provided this information, except for items of directory information such as name and local address. Responses to items marked "optional" are optional; responses to other items are required. If you fail to provide all the required information, your graduation date may be delayed.

INSTRUCTIONS: Students must submit this form to their departmental Coordinator of Graduate Studies whenever a substitution of courses or addition/reduction of semester hours is made to his/her currently filed Plan. Submissions must be no later than 5 days after the opening of classes of the semester in which the amended Plan is to be in effect. This form required approval signature of the student's advisor prior to submission and approval by the department after submission. Failure to follow this procedure may result in delay of the student's graduation date.

Name _____ Student ID# _____ Date: _____

Semester and year of Proposed Graduation Date: _____ Circle Degree Sought: MPH MS PhD

Circle Program: Biostatistics Epidemiology

Add Courses		Delete Courses	
Course Number & Title	Semester Hours	Course Number & Title	Semester Hours
1. semester & year		1. semester & year	
2. semester & year		2. semester & year	
3. semester & year		3. semester & year	
4. semester & year		4. semester & year	
5. semester & year		5. semester & year	

Reason: (May be continued on back)

Advisor Signature _____ Date: _____

Departmental: Approval/Denial by _____ Date: _____