

GRAMBLING STATE UNIVERSITY  
SCHOOL OF GRADUATE STUDIES AND RESEARCH

**REQUEST OF CHANGE IN PLAN OF STUDY**

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

Soc. Sec. No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Degree Information:

UG \_\_\_\_\_ Yr. \_\_\_\_\_ Major/Institution \_\_\_\_\_

GR \_\_\_\_\_ Yr. \_\_\_\_\_ Major/Institution \_\_\_\_\_

GR \_\_\_\_\_ Yr. \_\_\_\_\_ Major/Institution \_\_\_\_\_

GRE: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_ (V&Q) \_\_\_\_\_

GMAT: Total \_\_\_\_\_ Date: \_\_\_\_\_ TOEFL Total \_\_\_\_\_ Date: \_\_\_\_\_

Adm