



CCAS MUSEUM STUDIES PROGRAM

PROGRAM OF STUDIES REVISION FORM (MASTER'S)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Gwid Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Degree

Departmental Advisor: \_\_\_\_\_

Museum Studies Core: \_\_\_\_\_

Academic Core: \_\_\_\_\_

I request permission to revise my Program of Studies in the following manner:

| ADD          |               |              | DROP         |               |              |
|--------------|---------------|--------------|--------------|---------------|--------------|
| <u>Dept.</u> | <u>Number</u> | <u>Hours</u> | <u>Dept.</u> | <u>Number</u> | <u>Hours</u> |
| _____        | _____         | _____        | _____        | _____         | _____        |
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| _____        | _____         | _____        | _____        | _____         | _____        |
| _____        | _____         | _____        | _____        | _____         | _____        |

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_