



**STATE UNIVERSITY OF NEW YORK
COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY
The Graduate School**

FORM 4

Revision to Existing Program of Study (3B)

Student's Name: _____ Date: _____
First MI Last

Graduate Degree: _____ Dept./Area of Study: _____ Anticipated Graduation Semester: _____

This form is to be used when requesting deletion, addition or substitution of course(s) or committee member(s) on an existing Program of Study. Please attach additional sheets if necessary.

Change in Courses

Courses to Remove

Courses to Add or Substitute

Course #	Course Name/Term	Cr. Hrs.	Course #	Course Name/Term	Cr. Hrs.

Change in Committee Members (If Applicable)

Member(s) to be Removed *(Note: Current members to be removed should sign to indicate agreement.):*

Member Name	(Signature)
Member Name	(Signature)
Member Name	(Signature)

Member(s) to be Added *(Attach address information for non-ESF faculty):*

Member Name	(Signature)
Member Name	(Signature)
Member Name	(Signature)

Student (Signature) _____ Date _____

Approved by:

Major Professor (Signature)	Date	Department Chair or Coordinator (Signature)	Date
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c: Department
 Registrar
 Student
 The Grad School
 CRT _____