



WAYNE STATE
 School of Medicine
 Biomedical Graduate Programs

School of Medicine – Office of Biomedical Graduate Programs
 1128 Scott Hall (313) 577-1455 Fax: (313) 577-8796

MEMORANDUM

SUBJECT: CHANGE IN M.S. PLAN OF WORK

FROM: _____ BMS
TO: Graduate Programs Office, 1128 Scott Hall M R
DATE: _____ Other _____

STUDENT: _____
 Last First I.D. #:

COURSES TO BE DELETED

Term	Course & No. / CRN#	Credit Hrs
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

COURSES TO BE ADDED

Term	Course & No. / CRN#	Credit Hrs
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

This will change ____ (not change ____) the total number of hours in student’s degree program from _____ to _____ hours.

 ADVISER’S SIGNATURE