



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. #:
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### 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