

Office of Graduate Studies  
University of Wisconsin Oshkosh  
**Candidacy/Program Modification Form**



Name \_\_\_\_\_ Student I.D. No. \_\_\_\_\_  
Street \_\_\_\_\_ Degree Program \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Directions:** Student completes Section A and submits through the faculty/advisor to the program coordinator.

**A** Describe **deletions from** candidacy program (include 3-digit catalog number, title, and credits):

Describe **additions to** candidacy program (include 3-digit catalog number, title, and credit):

Justification/explanation of program changes:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**B** Acceptance of Proposed Program Changes

Faculty/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

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**C** Office of Graduate Studies Action:

Provost/Vice Chancellor, Office of Graduate Studies

\_\_\_\_\_ Date \_\_\_\_\_