

AUSTIN PEAY STATE UNIVERSITY  
**College of Business**  
 Master of Science- Management  
**Change of Program of Study**

**IMPORTANT NOTE:**

**Department approval is required. College of Business will electronically scan and submit the approved form to the Office of the Registrar.**

Graduate Student:

Banner ID: A

Listed below are changes to the original Program of Study form previously approved by my advisor. Please note the changes as mandated below. **Transfer courses are limited to a total of 9 semester hours and must be approved by the graduate advisor. Official transfer transcripts must be submitted to the Registrar's Office. Mark transfer courses with an asterick (\*) and the course number and the title indicated.**

<b>DROP COURSE(S)</b>							
DEPT	COURSE #	COURSE TITLE	CREDIT	DEPT	COURSE #	COURSE TITLE	CREDIT

<b>ADD COURSE(S)</b>							
DEPT	COURSE #	COURSE TITLE	CREDIT	DEPT	COURSE #	COURSE TITLE	CREDIT

<b>Note of explanation for change:</b>	
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**GRADUATE STUDENT INFORMATION**

Please change my program with courses listed above.
<input type="checkbox"/> _____ Student Signature
<input style="width: 100%; height: 20px;" type="text"/>
<b>Current Address</b>
<input style="width: 100%; height: 20px;" type="text"/>
<b>City, State, Zip Code</b>
<input style="width: 100%; height: 20px;" type="text"/>
<b>Current Email Address</b>
<input style="width: 100%; height: 20px;" type="text"/>
<b>Date</b>
<small>Change of Program of Study Rev.: 3/12: COB Forms</small>

**DEPARTMENT APPROVAL**

<input type="checkbox"/> _____ MSM Program Director/Advisor Signature
Carlene B. Smith Print Name <span style="float: right;">Date</span>
<input type="checkbox"/> _____ Department Approval
Print Name <span style="float: right;">Date</span>