

**Department of Counselor Education Documentation
Change of Planned Program Form**

Instructions

Print the following information and obtain required signatures. Submit the signed original and two photocopies to the Graduate Coordinator.

Required Information

Student Name _____

UFID _____

Date change is to be effective _____

Remove
Courses and Credits

Add
Courses and Credits

Required Signatures

Student _____ Date _____

Faculty Advisor _____ Date _____

Graduate Coordinator _____ Date _____