



WAYNE STATE
College of Fine, Performing
and Communication Arts

Department of Communication

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CHANGE TO Ph.D. PLAN OF WORK

Advisor Name: _____

Student Name: _____ Banner ID: 00_____ Access ID: _____

Preferred Email: _____ Phone: _____

COURSES DROPPED (Course Number, Name, & Credits)

COURSES ADDED (Course Number, Name, & Credits)

___ This change WILL NOT alter the total number of credits on the approved Plan of Work

___ This change WILL alter the total number of credits on the approved Plan of Work from _____ to _____.

Reason for Change:

Student Signature

Date

Advisor Signature

Date

Director of Graduate Studies Name and Signature

Date

Noted in STARS on _____