UNIVERSITY OF WYOMING COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
ACADEMIC PROGRAMS, ROOM 160 AG, 766-4135
CHANGE TO DEGREE REQUIREMENTS

Student’s Name ___________________________________ Student ID# W______________

Student’s Email ____________________________________

Major ___________________ Option _________________Minor ____________

CHANGE REQUESTED:

1)_____ Substitute: UW course # and name for required UW course # and name.

___________________________ for ___________________________
___________________________ for ___________________________
___________________________ for ___________________________
___________________________ for ___________________________
___________________________ for ___________________________
___________________________ for ___________________________
___________________________ for ___________________________
(UW course # and name)               (required UW course # and name)

2)____ Substitute: Course # and name from another institution for required UW course #.

__________________________ from _________________________ for ___________________
__________________________ from _________________________ for ___________________
__________________________ from _________________________ for ___________________
__________________________ from _________________________ for ___________________
__________________________ from _________________________ for ___________________
__________________________ from _________________________ for ___________________
__________________________ from _________________________ for ___________________
(course # and name)               (institution)                  (required UW course # )

3)_____ Special request for change: (please be as specific as possible)

Use reverse side for any additional substitutions.

Student’s Signature__________________________________ Date ______________________
(required)

Advisor’s Signature__________________________________ Date ______________________
(required)

Department Head’s Signature___________________________ Date ______________________
(required)

Please return form to AG 160 Academic & Student Programs, for approval by the Associate Dean. It will then be sent to the Office of the Registrar for processing.

Processed by: ________________________________ Date __________________________