

Amendment to Plan of Study

Note: This form can only be used to change one elective course from a previously approved plan of study. For all other changes, please submit a new plan of study form.

Student name: _____ OSUName.# _____

Specialization: Methodology _____ or Public Health _____

The course to be changed is a: General Elective _____ or Public Health elective _____

Originally approved course

Number: _____ Title: _____ Credits: _____

Proposed replacement course:

| Course Number | Title | Credits | Sem/Yr |
|---------------|-------|---------|--------|
| | | | |

Brief (1-2 sentence) justification for the change:

Required Signatures:

Chairperson / Co-chairperson (circle one)

Name: _____ Signature: _____ Date: _____

Member / Co-Chairperson (circle one)

Name: _____ Signature: _____ Date: _____

Member

Name: _____ Signature: _____ Date: _____

Member

Name: _____ Signature: _____ Date: _____

Approved by Biostatistics Graduate Studies Chair:

Name: _____ Signature: _____ Date: _____