

**University of Nebraska at Omaha
Department of Psychology
Doctoral Change in Program of Study Form**

NAME: _____

NUID #: _____

DOCTORAL PROGRAM OF STUDY FORM FILED ON: _____

DELETE:

Course #	Course Title	Credit	Semester

ADD:

Course #	Course Title	Credit	Semester

_____ listed on the Plan of Study. Please include the name of the institution from which transfer courses were taken in the *Other changes or comments* section below.

Other changes or comments:

Student signature Date

Graduate Program Chairperson Date

Advisor Date

Dean for Graduate

Studies and Research Date

Comments:
