NORTH CAROLINA STATE UNIVERSITY
MASTER OF ENGINEERING PROGRAM

Request to Revise the Plan of Work

To: Dr. Ezat Sanii, Director of Graduate Programs

Name_____ Student ID Number _____

Signature_____ Date_____/_____/_____

The change(s) listed below are requested to the previously submitted Plan of Graduate Work for the above student.

Change of Concentration to_____

Drop the following course(s):

Course Number	Course Title	Semester & Year	Credit Hours

Add the following course(s):

Course Number	Course Title	Semester & Year	Credit Hours

Approved:_____ Date_____/_____/_____
Advisor

Approved_____ Date_____/_____/_____
Director of Graduate Programs

Date Entered into GARS_____/_____/_____

Date Submitted to Graduate School_____/_____/_____