

D.I.S. COURSE AMENDMENT FORM

Name: _____ Date: _____

DISCIPLINE BEING AMENDED: _____

Original Course: _____ New Course: _____

REASON FOR AMENDMENT:

Faculty Advisor Name: _____

Signature: _____ Date: _____

Comments:

D.I.S. Degree Director Signature: _____ Date: _____

Comments:

Dean's Signature: _____ Date: _____