

WAYNE STATE UNIVERSITY  
DIVISION OF KINESIOLOGY, HEALTH AND SPORT STUDIES

MEMORANDUM

SUBJECT: Change in Master's PLAN OF WORK for \_\_\_\_\_

I.D.#: \_\_\_\_\_

FROM: Graduate Committee EXT 7-4265  
Division of Kinesiology, Health and Sport Studies

TO: Office of Academic Services, 489 Education

DATE:

Please consider the following changes in the Plan of Work for the above-specified graduate student in the Division of Kinesiology, Health and Sport Studies:

Change	Course #	Title	Credits
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

This meets our approval and is also in the student's best interest:

\_\_\_\_\_  
Advisor's Signature Date