NEBRASKA WESLEYAN UNIVERSITY

Modification of Program Requirements

Student ID **First Name** **Middle** **Last Name**

Change of requirement(s) for ☐ Major: _____
☐ Minor: _____
☐ Thread: _____

Requirement/Course			**Substitution Course (include institution name if transfer course)**			**Rationale**
Dept-Course #	Title	Credits	Dept-Course #	Title or Institution Name	Credits	

Modification Approvals:

_____
Department Chair/Program Director or Thread Coordinator Signature*

_____
Dean of Undergraduate Programs/Dean of Graduate Programs Signature

_____
Associate Provost of Integrative & Experiential Learning Signature (if capstone)

*Thread Modifications require approval from both the Dean of Undergraduate Programs and the Associate Provost of Integrative & Experiential Learning

Registrar's Office Use: Date Received: _____ Changes made in EXOV: _____ Comments:_____