PETITION TO REVISE PROGRAM OF STUDY

Name: Last _____________________________  First ___________________________  Initial ____

UIN ___________________________________   UIC E-Mail Address ________________________

Campus Address __________________________________________ Campus Tel. _____________

Expected graduation date:   Semester ___________   Year ______
   (May be no sooner than semester immediately following date when petition is submitted and approved.)

Department ______________________   College ______________ Advisor ___________________________

Date most recent prior GCSRM program of study was approved __________________

Area of specialization for revised program of study:
   Generalist ___   Sampling ___   Questionnaire Design ___   Data Collection ___   Data Analysis ___

### Core Courses

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<thead>
<tr>
<th>Most Recently Approved Program</th>
<th>REVISED PROGRAM (7 Shrs minimum)</th>
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<td>Title</td>
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Total ____

### Elective Courses

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<th>REVISED PROGRAM</th>
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Total ____

### REVISED PROGRAM SUMMARY

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<tr>
<th>Core Courses =</th>
<th>Shrs</th>
<th>Elective Courses =</th>
<th>Shrs</th>
<th>Grand Total =</th>
<th>Shrs (14 Shrs minimum)</th>
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Signatures

Student: ___________________________________________   Date ______________

Academic Advisor: ________________________________   Date ______________

GCSRM Co-Director: ______________________________   Date ______________

Submit original Petition to Revise Program of Study form to:

Allyson Holbrook, PhD, Co-Director
140 CUPPA Hall, M/C 336

or

Frederick J. Kviz, PhD, Co-Director
645 SPHPI, M/C 923

GCSRM 8/06