DEPARTMENT OF STATISTICS
MAJOR MODIFICATION PETITION

STUDENT NAME _________________________  ID __________________________

EMAIL ________________________________  OPTION: A.B. /B.S. (general)/B.S. (comp sci)

Instructions: For each requested modification please: (1) identify the course you want to change and why you want to change it; and (2) identify the course with which you propose to replace it and how the alternate course satisfies the goals of the major.

Request #1

(1) Course in the official major requirements

_______________________________________________________________________________
_______________________________________________________________________________

(2) Alternate course

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Student Signature  Date  Advisor Signature  Date

Request #2

(1) Course in the official major requirements

_______________________________________________________________________________
_______________________________________________________________________________

(2) Alternate course

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Student Signature  Date  Advisor Signature  Date

Additional notation by advisor

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