PhD Program, Department of Communicative Sciences & Disorders

College of Liberal Arts and Sciences, University of Iowa

Request for the Change in the Doctoral Degree Program

Student (Name, HawkID): _____ Date: _____

The following changes in the student's doctoral program are requested:

____ Change in advisor/chairperson or committee members

____ Request for exceptions / waiver from program requirements

Explanation:

Student (name, date, signature)

_____

Advisor/Committee Chair (name, date, signature)

_____

PhD Program Director (name, date, signature)

_____

Email completed forms to the Graduate Program Coordinator