Southern University of Science and Technology

Application Form for Revising Graduate Study Plan

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | Student ID: | |  | | Class enrolled | |  | |
| School/Department | | |  | | Subject | |  | | Name of Supervisor | |  | |
| Program: □ Academic master’s □ Professional master’s □ Academic doctorate | | | | | | | | | | | | |
| Item | Course Type | | | Course Code | | Course Name | | | | Credit | | Semester |
| **Courses to be dropped** |  | | |  | |  | | | |  | |  |
|  | | |  | |  | | | |  | |  |
|  | | |  | |  | | | |  | |  |
| **Courses to be added** |  | | |  | |  | | | |  | |  |
|  | | |  | |  | | | |  | |  |
|  | | |  | |  | | | |  | |  |
| Credits in the Updated Plan | | Public course: ; Professional course: ; Total course: | | | | | | | | | | |
| Reason for Revision | | Signed by the student:  Date: | | | | | | | | | | |
| Revised contents other than courses | | Please specify any other revisions to your study plan, and their reasons, if applied. Your revised study plan should comply with the requirements by your degree program. | | | | | | | | | | |
| Comments of the Supervisor | | □ Approve  □ Reject  Signed by the Supervisor:  Date: | | | | | | | | | | |
| Comments of School/Department | | (Official Seal):  Signature:  Date: | | | | | Comments of Graduate School | Signature:  Date: | | | | |
| Note: 1. The completed form must be submitted by department/schools to the Graduate School within the first two weeks of the semester.   1. Two copies of the form are required, and each is kept by the department/school and the Graduate School respectively. | | | | | | | | | | | | |