



APPROVED CHANGES IN STUDENT'S PROGRAM
FOR THE MASTER'S OF SCIENCE IN AVIATION MANAGEMENT
SCHOOL OF AVIATION

Student's Name: _____

Date: _____

Program Changes

	Course Number	Credit Hour(s)	Course Title(s)
Course(s) Added			
Course(s) Dropped			

Rationale for Program Change(s) _____

Total Number of hours BEFORE change: _____

Total Number of hours AFTER change: _____

Signed: _____

Student

Graduate Program Coordinator