Amendment to Plan of Study

Note: This form can only be used to change one elective course from a previously approved plan of study. For all other changes, please submit a new plan of study form.

Student name: ___________________________________________ OSUName.# ___________________

Specialization: Methodology__________ or Public Health ___________

The course to be changed is a: General Elective _________ or Public Health elective __________

Originally approved course

Number:___________________ Title: _______________________________________________ Credits: _________

Proposed replacement course:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
<th>Sem/Yr</th>
</tr>
</thead>
</table>

Brief (1-2 sentence) justification for the change:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Required Signatures:

Chairperson / Co-chairperson (circle one)
Name: __________________________ Signature: __________________ Date: ________

Member / Co-Chairperson (circle one)
Name: __________________________ Signature: __________________ Date: ________

Member
Name: __________________________ Signature: __________________ Date: ________

Member
Name: __________________________ Signature: __________________ Date: ________

Approved by Biostatistics Graduate Studies Chair:
Name: __________________________ Signature: __________________ Date: ________