­­­

**Individualized Studies Degree Plan:**

**Amendment Form**

**Name:** Click or tap to enter name.

**Student ID#:** Click or tap to enter ID.

*This form is only for changes to* ***individualized focus areas****. Students are responsible for completing all of Metro State’s graduation requirements, which may not be reflected on this form.*

**Is the title of your focus area or your type of degree (B.A. or B.A.S.) changing?**

*Please describe the change(s), or simply type “no”*

**What specific changes (e.g., course changes) have you made or are planning to make to your degree plan’s focus area?**

*Please list what courses and other forms of credit you are removing from and/or adding to your plan*

**Whom did you consult or what research did you do regarding the changes?**

*Please describe people or resources your consulted, if any, or other issues (such as course availability) that prompted the change*

**Have the learning goals on your approved degree plan changed in any way?**

*Please describe the change(s), or simply type “no”*

Student Signature: (sign by typing your name and submitting this form via email)

Date:

CIS Faculty signature:

Date:

***Students should email this completed form to*** [***CIS.Chair@MetroState.edu***](mailto:CIS.Chair@MetroState.edu)