

Return to:  
Office of Graduate Studies  
Winona State University  
P.O. Box 5838  
Winona, MN 55987

*Note:* Send **two** copies to the  
Office of Graduate Studies

### Supplement to Candidacy

Submit this form to the Office of Graduate Studies, Maxwell 105  
*You may type in your information directly on this form and forward to your advisor*

Warrior I.D. \_\_\_\_\_

Name \_\_\_\_\_  
last first middle initial maiden  
❖ ❖ ❖

#### DELETE FROM PROGRAM

Department Course No. Title Cr. Name of Institution

#### ADD TO PROGRAM

Department Course No. Title Cr. Name of Institution

REASON: \_\_\_\_\_

#### DELETE FROM PROGRAM

Department Course No. Title Cr. Name of Institution

#### ADD TO PROGRAM

Department Course No. Title Cr. Name of Institution

REASON: \_\_\_\_\_

Student Signature \_\_\_\_\_  
(Either sign or type your signature)

#### Approval Signatures:

Faculty Advisor:	Date:
Dept. Chair/Pgm Director:	Date:

**RETURN SIGNED FORM TO:** Office of Graduate Studies, Maxwell 105