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, Somsen 106b

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, Somsen 106b