

University Scholar Plan of Study Revision

Submission Date: _____

PS# _____ Name _____ Maj./Sch. _____

Local Address _____ Phone _____

Date of Grad. _____ Dual Degree? Yes No 2nd Maj./Sch. _____
 May / Aug. / Dec. (year)

Revisions: Complete the following to explain the changes that you have made to your University Scholar Plan of Study since the most recently approved plan of study or original proposal. These changes must be approved by your University Scholar advisory committee and if there is a change in a General Education Requirement, the University Scholar Oversight and Selection Committee.

Courses Dropped from Most Recently Approved Plan:

Sem.	Dept.	Crse #	Course Title	Cr.	Explanation of courses dropped from plan of study.

Courses Added to Most Recently Approved Plan:

Sem.	Dept.	Crse #	Course Title	Cr.	Explanation of courses added to plan of study.

Further Explanations of Revisions: Use the following space or reverse side, if necessary, to further explain the revisions that you made to your plan.

Requirement Substitution: If you wish to request a new substitution, please list the requirement to be substitute and a justification.

Note: Students who wish to make a substitution for a general education requirement must provide justification for such a substitution. The justification must document how the course or courses to be substituted achieve the requisite learning objectives of the requirement. These substitutions must be approved by the three faculty members of your University Scholar Advisory Committee, who must review and approve this plan for compliance with departmental, professional, or other special requirements (i.e., certification requirements), and the University Scholar Oversight and Selection Committee.

New Request:

Requirement and course to be substituted:	Justification:

Approved by Advisory Committee:

1. _____	_____	_____
Chair (Print)	(Signature)	(Date)
2. _____	_____	_____
(Print)	(Signature)	(Date)
3. _____	_____	_____
(Print)	(Signature)	(Date)

Approved by University Scholar Oversight and Selection Committee: _____
Patricia M. Szarek, Associate Director (Date)

NOTE: Revisions to this plan must be submitted to the Honors Program according to the guidelines and plan revision form at <http://universityscholars.uconn.edu/forms.php>. Copies of this approved revision form will be sent to the student and the chair of the Advisory Committee.