

**AGRICULTURAL SCIENCE
CHANGE OF LEARNING PLAN**

Student Name	
Banner ID	
Local Address	
Expected Date of Graduation	
Advisor Name	
Date Plan Changed	

Agriculture Electives – Course(s) to Drop

Course #	Title	Credits

Agriculture Electives – Course(s) to Add

Course #	Title	Credits

Area of Specialization – Course(s) to Drop

Course #	Title	Credits

Area of Specialization – Course(s) to Add

Course #	Title	Credits

Approval signatures

Advisor	
Second AGSC Faculty Member	

Send signed change form to Registrar's Office (MC 104).