New Paltz
STATE UNIVERSITY OF NEW YORK

Plan of Study Deviation Request Form

Student _____   *ID Number*_____   *Adviser*_____

Program _____   *Enrollment Date* _____   *Anticipated Graduation Date*_____

Course Number	Course Name	Scheduled Semester & Year (e.g., Spring 2020)	Preferred Semester & Year	Approved? (Program Director Only)
				☐ Approved ☐ Not Approved
				☐ Approved ☐ Not Approved
				☐ Approved ☐ Not Approved
				☐ Approved ☐ Not Approved
				☐ Approved ☐ Not Approved

SIGNATURES

STUDENT	DATE	ADVISER	DATE
		PROGRAM DIRECTOR	DATE

One copy to the Counselor Education Program, and one to the Student / Form updated September 2020