MODIFICATION FORM

(To be completed if student changes C.A.S.E plan after Project Proposal Defense)

Student Name:	Date:
C.A.S.E. Topic:	
How do you wish to change your propose	ed C.A.S.E.?
Why do you feel this change is necessary	?
How will this change affect the goals and	or the timeline of your C.A.S.E.?
	Change Approved Change Denied
Signature: Focus area Advisor/Administrato	or Date