

Change of Curriculum Form

Major, Minor, Concentration/Emphasis Declaration

Student Information

Student ID#	Last Name	First Name	Middle Name	<input type="checkbox"/> Yes <input type="checkbox"/> No Division 1 Athlete?
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Current Program (Signatures Required)

	College	Degree (ex. BS, BA, etc.)	Major/Minor	Concentration/Emphasis	Advisor Signature	Date
1:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
2:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
3:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Complete Desired Program (Signatures Required)

	Program	Chair Signature	Date	Advisor Assignment	Dean or Designee Signature	Date
Primary Major/Degree:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Secondary Major/Degree:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Minor 1:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Minor 2:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Concentration/Emphasis :	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Other:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Student Signature	Date
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See Reverse for Instructions

For office use only

Credits Earned	GPA	Effective Term	Matric	Double Major? <input type="checkbox"/> Double Degree? <input type="checkbox"/>	Official Initials College Verification	Date Entered	Entered
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