



**Office of the Registrar**  
**125 Michigan Avenue NE**  
**Washington DC 20017**  
202.884.9200 fax: 202.884.9210

## Request for Change of Curriculum

Please print clearly and follow all instructions.

Name: (F) \_\_\_\_\_ (MI) \_\_\_\_\_ (L) \_\_\_\_\_

PC ID # or SSN: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

School: CAS  SPS  EDU  Level: Undergraduate  Graduate

Current degree program: \_\_\_\_\_

Current major or concentration: \_\_\_\_\_

Current minor: \_\_\_\_\_

New degree program: \_\_\_\_\_

New major or concentration: \_\_\_\_\_

New minor: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

- ❖ If this change of curriculum requires a change of advisor, please have the new advisor sign below. The Office of the Registrar will change your advisor on the basis of this form.

Print new advisor's name: \_\_\_\_\_

New Advisor's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

- ❖ If you are an undergraduate student, all change of majors and minors must also be approved by the appropriate Department Chair.

Print Department Chair's name: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Registrar Use Only:** Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_