


APPLICATION FOR CHANGE OF CURRICULUM

PLEASE PRINT OR TYPE

INSTRUCTIONS:

Please fill out this form with the appropriate information and obtain the proper signatures as required. This form must be signed by your advisor and department chairperson. If you change your curriculum within your department a Change of Curriculum Form must be on file at the time of Graduation in order for you to be cleared under that program. **Please note that you cannot switch from a current curriculum to an old curriculum.**

<p style="text-align: center;">NAME (Last) (First) (MI)</p>	 OFFICE OF THE REGISTRAR POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602
<p>CAMPUS WIDE ID</p> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px; margin-top: 10px;"> </div>	<p>CLASSIFICATION</p> <p>_____</p>

MAILING ADDRESS		BEGINNING DATE AT SCSU:
Street/Box No. _____	Apt. No. _____	_____
City _____	State _____	ZIP _____
(_____) _____	PRESENT CURRICULUM _____	
Telephone Number _____		_____

I hereby request permission to change to the new curriculum noted below. This curriculum will include new general education requirements and in some cases new courses. I further understand that I will be responsible for completing all requirements as outlined in the new curriculum.

New Curriculum Desired _____ Effective Term _____

Student _____ Date _____
Signature

Special Note: Each student requesting a change of curriculum must confer with his/her advisor and chairperson.

Approved _____ Date _____
Advisor

Approved _____ Date _____
Chairperson