


# 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.**

NAME (Last) (First) (MI)	 <p>OFFICE OF THE REGISTRAR                  POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST                  ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦</p>										
CAMPUS WIDE ID <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	9	0	0								CLASSIFICATION _____
9	0	0									

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 _____ Advisor	Date _____
Approved _____ Chairperson	Date _____
Approved _____ Dean	Date _____
Approved _____ Provost (As Necessary for Waiver in Policy)	Date _____