

Change of Curriculum Form

Student Information

Student ID # or SSN: _____ Date: _____

Student Name: _____
Last *First* *M.I.*

Current Major: _____

Current Concentration (if applicable): _____

Current Minor (if applicable): _____

Are you an Athlete? Yes No

Please check requested change(s):

- Add** —→ Dual Degree (*2 Diplomas*) Dual Major (*1 Diploma*) Dual Concentration Minor
- Delete** —→ Major Concentration Minor
- Change** —→ Major Concentration Minor
- Update to Newest Catalog Year**

Please write requested change(s) (if no changes, please write "No Changes")

New Major: _____

New Concentration: _____

New Minor: _____

Do you have Transfer Credit that will need re-evaluated from the requested changes? Yes No

****If there are any new approved substitutions, please have your Advisor send a detailed e-mail to Registrar@IndianaTech.edu so we can make these substitutions!***

Student Signature: _____ Date: _____

Current Advisor Signature: _____ Date: _____

New Advisor Signature: _____ Date: _____

New Dean Signature: _____ Date: _____

International Student Services: _____ Date: _____

(International Students Only)

FOR REGISTRAR'S OFFICE USE ONLY

Date Completed: _____ Completed by: _____