

## SACM Change of Curriculum Form

**Student Information** (PLEASE COMPLETE THIS FORM IN BLACK OR BLUE INK ONLY!)

Student ID Number or SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Current Degree:  Associate's  Bachelor's      Current Major: \_\_\_\_\_

Current Concentration (if applicable): \_\_\_\_\_

Current Minor (if applicable): \_\_\_\_\_

Are you an Athlete?  Yes  No                      Do you have any approved substitutions?  Yes  No  
(If yes, please have your advisor send a detailed e-mail to [Registrar.IndianaTech.edu](mailto:Registrar.IndianaTech.edu))

**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 Current Catalog Year**

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

New Degree:  Associate's  Bachelor's      New Major: \_\_\_\_\_

New Concentration: \_\_\_\_\_

New Minor: \_\_\_\_\_

**Disclaimers and Signatures**

- If you have any transfer credit, it will be re-evaluated with any degree changes you make. **Credits may vary between programs.**
- Minors are **only** available for Bachelor degree seeking students. Students seeking an Associate degree **cannot** add a minor.
- If you have petitioned to graduate, you **must void your petition before any degree changes can be made.** To void your petition please e-mail [Registrar@IndianaTech.edu](mailto:Registrar@IndianaTech.edu)
- The change of curriculum is only valid once SACM approval is received in the Registrar's Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(By signing, I certify that I have read and understand the above disclaimers)

Current Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Advisor Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

International Student Services: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR REGISTRAR'S OFFICE USE ONLY**

Date Completed: \_\_\_\_\_ SACM Approval Date: \_\_\_\_\_ Completed by: \_\_\_\_\_