

Valparaiso University
CURRICULUM CHANGE REQUEST

Please type or print:

Name: _____ ID# _____
Local Address: _____ Phone # _____
I am currently enrolled in the College of: _____ Class: FR. SO. JR. SR. SPEC.
My current first major is: _____ My current first minor is: _____
My current second major is: _____ My current adviser is: _____
Current Adviser's Signature _____ Date: _____
Student's Signature: _____ Date: _____

Complete all sections that apply:

I. CHANGE OF COLLEGE

I desire to transfer to the College of : _____

Obtain signature of new dean first. Take grade report to new dean.

New Dean's Signature: _____ Date: _____

Former Dean's Signature: _____ Date: _____

If you are transferring from any professional college to the College of Arts and Sciences the catalog indicates that you may transfer 15 credits collectively from the professional colleges toward the minimum requirements for a degree. List below the specific courses from the professional college(s) that you **DO NOT** wish to count toward a degree in the College of Arts and Sciences:

If change of college is made after the drop/add period, the change is effective next semester.

cc: Registrar, New Dean, Former Dean, Student

II. CHANGE OR DECLARATION OF MAJOR

CHANGE Major 1. List new major here: _____

New Adviser's Signature: _____ Print Name: _____ Date: _____

ADD DROP Major 2. List here: _____

New Adviser's Signature: _____ Print Name: _____ Date: _____

ADD DROP Major 3. List here: _____

New Adviser's Signature: _____ Print Name: _____ Date: _____

cc: Registrar, Dean, Major Adviser, Student

III. CHANGE OR DECLARATION OF MINOR

ADD DROP Minor 1. List here: _____

New Adviser's Signature: _____ Print Name: _____ Date: _____

ADD DROP Minor 2. List here: _____

New Adviser's Signature: _____ Print Name: _____ Date: _____

ADD DROP Minor 3. List here: _____

New Adviser's Signature: _____ Print Name: _____ Date: _____

IV. CHANGE OF ADVISER - New adviser should request all records from former adviser.

My new adviser is: _____

New Adviser's Signature: _____ Date: _____

cc: Registrar, Dean, Former Advisor, Student

V. SPECIAL CURRICULUM INTEREST

If in addition to your declared major(s) you are pursuing a special professional interest, please check it below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pre-Legal | <input type="checkbox"/> Pre-Medical Technology | <input type="checkbox"/> Allied Health (Assoc. in Science Degree) |
| <input type="checkbox"/> Deaconess | <input type="checkbox"/> Pre-Dental | <input type="checkbox"/> Pre-Seminary |
| <input type="checkbox"/> Secondary Education | <input type="checkbox"/> Pre-Medical | |

DROP a Special Curriculum by listing it here: _____

Special Curriculum Adviser's Signature: _____ Print Name: _____ Date: _____

cc: Registrar, Dean, Adviser, Student

RETURN COMPLETED FORM TO REGISTRAR'S OFFICE

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