

# Curriculum Change Form

EIU staff member initiating form:

EIU phone number:

Applied to graduate? YES NO If yes, what semester? \_\_\_\_\_

Are you an International Student? (If yes, requires approval of International Student Programs)  
YES NO

\_\_\_\_\_  
Signature Date

Are you a student athlete? (If yes, requires the signature of the Director of Academic Services)  
YES NO

\_\_\_\_\_  
Signature Date

Student's Name: \_\_\_\_\_ M.I.  
Last First

E#: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

**Delete:**

**Primary** Curriculum: \_\_\_\_\_ **Secondary** Curriculum: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Field of Study: \_\_\_\_\_

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

Concentration(s): \_\_\_\_\_

Advisor: \_\_\_\_\_

Former Department Chair's Authorization: \_\_\_\_\_

**Add:**

**Catalog Term/Year:** \_\_\_\_\_

**Primary** Curriculum: \_\_\_\_\_ **Secondary** Curriculum: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Field of Study: \_\_\_\_\_

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

Concentration(s): \_\_\_\_\_

Advisor/Advisor Code: \_\_\_\_\_ / \_\_\_\_\_

New Department Chair's Authorization: \_\_\_\_\_

**Return this form to:**  
**Janet Fopay, College of Health & Human Services**