

Curriculum Change Form

EIU staff member initiating form: Michelle Rhine EIU phone number: 581-2524

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: _____
Last First M.I.

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: Michelle Rhine, College of Education