

## **CURRICULUM MODIFICATION**

Name:				
Student ID #:		Expected Gradua	Expected Graduation Date:	
Phone #:		Email:		
Current Major:				
must be approved by the A affect the total credits requise seeking a modification to y Education Requirements b	ents may modify any curricular Associate Dean and the Assist Aired for graduation. This for Your General Education Requased on your catalog year.	ant Dean of the Colleg m is used to modify m tirements, please fill o	pplies to the major. This modification ge of Education. Adjustments do not najor requirements only. If you are ut a petition form to modify General	
	cation being requested and th			
Substitution of: _	(Course to be used)	For:	(Course or requirement being replaced)	
_	(Course to be used)		(Course or requirement being replaced)	
Waiver of:				
Rationale:				
			Date:	
Advisor Signature:			<b>Date:</b>	
ApproveDeny A	Associate Dean:		<b>Date:</b>	
ApproveDeny A	Assistant Dean:		Date:	