

CHANGE OF CURRICULUM

curriculumchange@siu.edu

DAWG TAG #	Student Name:		
Apply to Term: YYYYSS (SS: 20 = Sprin	Required to Procest g, 40 = Summer, 60 = Fall)	record ss Form after t	E: Changes will not be made to the academic d after the 10th day of the term. Forms submitted the 10th day of the term must have an Apply To of a subsequent semester.
Primary Program (F	Priority #1) Degree: (AAS, BA, BS,	•	u are changing the catalog year, indicate here:
Major 1: Major 2: Minor 1: Minor 2:	With Special With Special NOTE: Special	lization:	and
Secondary Program College:	n (Priority #2) Degree: (AAS, BA, BS,		u are changing the catalog year, indicate here:
Major 1: Major 2: Minor 1: Minor 2:	With Special With Special NOTE: Special	lization:	and
1 1			is approved for the Capstone Option code will be added to student record)
	or, I am confirming that this adjustme eing authorized on their behalf with t		m has been discussed with the student
Advisor Signature:		THE PETTINGSIO	Date:
College Signature:			Date:
Registrar's Office Use Only Processed By: Date:			UA Use Only – Non-Degree to Degree ☐ Approve ☐ Deny Initial: AD Use Only – Athletic Department
or instructions on completing this form, please visit: tp://articulation.siu.edu/_common/documents/pdfs/COCinstructions.pdf			Approve Deny Initial: