



# FLORENCE-DARLINGTON TECH REQUEST A CURRICULUM CHANGE

PO BOX 100548 | FLORENCE, SC 29502-0548

This form can be filled out with Adobe Acrobat and then printed for signatures.

Students requesting a change of curriculum will be subject to all requirements and enrollment restrictions in the new curriculum. **Please note:** Change of majors are only processed at the beginning and at the ending of each semester after all final grades are posted.

## TO BE COMPLETED BY THE STUDENT

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME STUDENT ID

Local Address \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Major \_\_\_\_\_ Current Primary Major \_\_\_\_\_

Complete only if you are currently requesting a secondary major from one of the following choices:

☐ Associate in General Technology \_\_\_\_\_  
☐ Associate in Arts \_\_\_\_\_ PRIMARY SECONDARY TERTIARY  
☐ Associate in Science \_\_\_\_\_

I hereby request the following change(s) in curriculum. I understand I will be subject to all requirements and enrollment restrictions of the college and/or department in which my proposed new major is located, that my graduation may be delayed as a result of changing to a new curriculum.

What semester should this change take place? (year) \_\_\_\_\_  
SPRING SUMMER FALL

\_\_\_\_\_  
STUDENT SIGNATURE DATE

## TO BE COMPLETED BY THE ACCEPTING DEPARTMENT AND/OR COLLEGE

The change of curriculum requested above has been reviewed and approved by authorized representatives of the academic department and/or college in which the proposed new major is located. The student will be required to satisfy degree requirements found in Catalog year \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ADVISOR SIGNATURE DATE

\_\_\_\_\_  
DIVISIONAL SECRETARY SIGNATURE DATE

Upon completion, please send a copy of this form to the department in which the student's former major is located and the Office of the Registrar. **DISCLAIMER:** Changing your major more than one time will delay your graduation expected date.