

Florence-Darlington Technical College

P. O. Box 0548 • 2715 West Lucas Street • Florence, SC 20501

Request a Curriculum Change

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.

	TO BE COMPL	ETED BY THE STU	JDENT	
Last Name	First Name		Middle Name	Student ID
Last Name	That Name		Wildlie Wallie	Student ID
Local Address:				
Email Address:				
Current Major: New Majo		jor:		
Are you taking ENG 032, RDG	6 031, RDG 032?	☐ Yes	□ No	
		If yes, you	must clear your char	ge with your
		Developme 300 Buildin		nose Office is located in the
I hereby request the follow and enrollment restriction that my graduation may b	s of the college and/or e delayed as a result o	department in wh If changing to a ne	ich my proposed n	•
What semester should t	his change take plac	e? (year) Spring	Summer	Fall
Student Signature			 Date	
то ве сом	PLETED BY THE ACC	EPTING DEPARTI	MENT AND/OR C	OLLEGE
The change of curriculum	requested above has b	peen reviewed and	approved by auth	orized
representatives of the aca	demic department and	d/or college in whi	ch the proposed n	ew major is located.
The student will be require	ed to satisfy degree re	quirements 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.

Disclaimer: Changing your major more than one time will delay your graduation expected date.