



CURRICULUM CHANGE FORM

(Majors, minors, concentrations, advisors, and exploratory areas of interest)

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CHANGES/ADDITIONS TO MAJORS, MINORS, AND CONCENTRATIONS REQUIRE THE COMPLETION OF AN ELECTRONIC CURRICULUM PLAN IN DEGREEWORKS.

This form is to be used to make changes and/or additions to a student's curriculum of study, including majors, minors, concentrations, advisors, and exploratory areas of interest. Majors, minors, and concentrations may be changed only if the student is in his/her fourth (4th) term of enrollment. Minors may be declared only if a major is also declared. Each section of the form is to be used for a different function, so be sure you complete the appropriate section. Electronic curriculum plans that exceed eight terms will require an application for extension of terms.

Student Name _____ Student ID (B#) _____

Your signature indicates that you have read the instructions at the top of this form.

Student signature _____ Date _____

Current Primary Advisor Signature _____

International students must receive approval from the International Student Advisor.

International Student Advisor Signature _____ Date _____

CHANGE MAJOR (You must be in your 4th or higher term)

CURRENT MAJOR: _____ Concentration _____

NEW MAJOR: _____ Concentration _____

REMINDER: Students must create a revised electronic curriculum plan in DegreeWorks for this request to be processed. The plan should be printed and reviewed with the new academic advisor prior to submission of this form.

Department Chair Signature _____ Date _____

If changing advisors, please complete the Advisor section of this form.

CHANGE EXPLORATORY AREA OF INTEREST (You must be in your 3rd term)

NEW EXPLORATORY AREA OF INTEREST: _____

If changing advisors, please complete the Advisor section of this form.

ADD MAJOR, MINOR, OR CONCENTRATION (You must be in your 4th or higher term)

SECOND MAJOR: _____

SECOND CONCENTRATION: _____

MINOR: _____

Reminder: Students must create a revised electronic curriculum plan in DegreeWorks for this request to be processed. The plan should be printed and reviewed with the new academic advisor prior to submission of this form.

Department Chair Signature _____ Date _____

DROP MAJOR, MINOR, OR CONCENTRATION (You must be in your 4th or higher term)

MAJOR: _____

MINOR: _____

CONCENTRATION: _____

ADD, CHANGE, OR DROP ADVISOR (You must be in your 3rd or higher term)

CHANGE MY PRIMARY ADVISOR:

Advisor Name: _____

Advisor Signature _____ Date _____

ADD SECOND MAJOR ADVISOR:

Advisor Name: _____

Advisor Signature _____ Date _____

ADD MINOR ADVISOR:

Advisor Name: _____

Advisor Signature _____ Date _____

ADD SECOND MINOR ADVISOR:

Advisor Name: _____

Advisor Signature _____ Date _____

DROP ADVISOR:

Advisor Name: _____

Advisor Signature _____ Date _____