Request for Change in Core Requirements

ne:		
Faculty Advisor:		
Faculty Advisor:		
e of Self Determined Major:		
PLEASE COMPLETE THE RATION	NAL SECTION BEFORE LISTING	THE COURSES YOU WISH TO DROP/ADD
TIONALE STATEMENT: Pleas	se state your reasoning fo	r dropping and adding <u>each</u> of the co
ed below. Attach an addition	onal page if needed.	
Dent/Course #	Course Title	
Dept/Course #	Course Title	
Dept/Course #		
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		 Component (Foundation,
	Course Title	Component (Foundation,
Dept/Course #	Course Title	Component (Foundation, Methods,Theory,Capstone)
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Dept/Course # request for a change in core required the changes proposed on this	Course Title Course Title	Component (Foundation, Methods,Theory,Capstone)
Dept/Course # request for a change in core required the changes proposed on this dent Signature:	Course Title Course Title Increments must be accompanied be some	Component (Foundation, Methods,Theory,Capstone) y an updated two-year plan that
Dept/Course # s request for a change in core requiudes the changes proposed on this dent Signature: isor Signature:	Course Title course Title direments must be accompanied be sform Date:	Component (Foundation, Methods,Theory,Capstone)
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- x Submit original to Registrar's Office.
- x Email a copy to Beth Miller, SDM Administrative Assistant, bmiller@skidmore.edu
- x Keep a copy for yourself.