## **Request for Change in Core Requirements**

All proposed changes <u>m</u>	ust be approved by the SDM Committed	e <u>before</u> the student changes his or her plan for the major.
Name:		
1st Faculty Advisor:		
Title of Self Determined N	Лаjor:	
		TING THE COURSES YOU WISH TO DROP/ADD
	<del></del>	ng for dropping and adding <u>each</u> of the courses
listed below. Attach	an additional page if needed.	
Dept/Course #	Course Title	Component (Foundation, Methods, Theory, Capstone)
Dept/Course #	Course ritte	Component (Foundation, Methods, Theory, Capstone)
Drop:		
Drop:		
Drop:		
Add:		
Add:		
Add:		
This request for a char includes the changes p	•	npanied by an updated two-year plan that
melades the changes p	A oposed on this form	
Ctudent Cignoture	D-	<b>+</b> 0.
		te: te:
		te:
SDM Director Signature:		te:

✓ Submit original to Registrar's Office.

✓ Keep a copy for yourself.

<sup>✓</sup> Email a copy to Beth Miller, SDM Administrative Assistant, bmiller@skidmore.edu