

**Request for Change in Core Requirements**

**All proposed changes must be approved by the SDM Committee before the student changes his or her plan for the major.**

Name: \_\_\_\_\_

1st Faculty Advisor: \_\_\_\_\_

2nd Faculty Advisor: \_\_\_\_\_

Title of Self Determined Major: \_\_\_\_\_

**PLEASE COMPLETE THE RATIONAL SECTION BEFORE LISTING THE COURSES YOU WISH TO DROP/ADD**

**RATIONALE STATEMENT: Please state your reasoning for dropping and adding each of the courses listed below. Attach an additional page if needed.**

	Dept/Course #	Course Title	
<b>Drop:</b>	_____	_____	
<b>Drop:</b>	_____	_____	
<b>Drop:</b>	_____	_____	
	Dept/Course #	Course Title	Component (Foundation, Methods,Theory,Capstone)
<b>Add:</b>	_____	_____	_____
<b>Add:</b>	_____	_____	_____
<b>Add:</b>	_____	_____	_____

This request for a change in core requirements must be accompanied by an updated two-year plan that includes the changes proposed on this form

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SDM Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- x Submit original to Registrar’s Office.
- x Submit a copy to Beth Miller, Administrative Assistant, SDM Office, PMH 422.
- x Keep a copy for yourself.