Office of the Registrar
875 Perimeter Dr MS 4260
Moscow, ID 83844-4260
Phone: (208) 885-6731
Fax: (208) 885-9061
www.uidaho.edu/registrar

University of Idaho

UNDERGRADUATE CHANGE OF CURRICULUM

Name:_____ ID#_____

Student e-mail address:_____ Phone Number:_____
(For Contact Purposes Only) (For Contact Purposes Only)

Student Signature (Required): _____ Date: _____

Change Effective: ❑ **Summer** ❑ **Fall** ❑ **Spring** **20**_____

UNDERGRADUATE MAJORS: LIST ALL CURRENT MAJORS

❑ **KEEP** THIS DEGREE/MAJOR ❑ **DROP** THIS DEGREE/MAJOR
Current Catalog Year:_____
Degree: _____
Major #**1**: _____
Option: _____
College: _____
❑ **Change** Catalog Year to:_____

_____
Signature of dept. chair (dean for ENGR) **required** to Drop/Change

❑ **KEEP** THIS DEGREE/MAJOR ❑ **DROP** THIS DEGREE/MAJOR
Current Catalog Year:_____
Degree: _____
Major #**2**: _____
Option: _____
College: _____
❑ **Change** Catalog Year to:_____

_____
Signature of dept. chair (dean for ENGR) **required** to Drop/Change

❑ **ADD** DEGREE/MAJOR
Catalog Year:_____
Degree: _____
Major #___: _____
Option: _____
College: _____

_____
Signature of department chair (dean for ENGR) **required** to Add

❑ **ADD** DEGREE/MAJOR
Catalog Year:_____
Degree: _____
Major #___: _____
Option: _____
College: _____

_____
Signature of department chair (dean for ENGR) **required** to Add

MINORS: LIST ALL CURRENT MINORS OR ❑ NO CURRENT MINORS

❑ **KEEP** THIS MINOR ❑ **DROP** THIS MINOR
Current Catalog Year: _____
Minor: _____
Dept.: _____

_____
Signature of department chair **required** to DROP

❑ **ADD** THIS MINOR
Catalog Year: _____
Minor: _____
Dept.: _____

_____
Signature of department chair **required** to ADD

❑ **KEEP** THIS MINOR ❑ **DROP** THIS MINOR
Current Catalog Year: _____
Minor: _____
Dept: _____

_____
Signature of department chair **required** to DROP

❑ **ADD** THIS MINOR
Catalog Year: _____
Minor: _____
Dept: _____

_____
Signature of department chair **required** to ADD

REGISTRAR USE ONLY Processed By:_____ Date:_____ Updated 6/5/13

University of Idaho

GRADUATE CHANGE OF CURRICULUM

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Name:_____ ID#_____

Student e-mail address:_____ Phone Number:_____
(For Contact Purposes Only) (For Contact Purposes Only)

Student Signature (Required): _____ Date: _____

Change Effective: ❑ **Summer** ❑ **Fall** ❑ **Spring** **20**_____

GRADUATE CURRICULUM: LIST ALL CURRENT MAJORS

❑ **KEEP** THIS DEGREE/MAJOR ❑ **DROP** THIS DEGREE/MAJOR
Catalog Year:_____
Degree: _____ ❑ thesis ❑ non-thesis
Major #**1**: _____
College: _____

_____
Signature of department chair **required** to Drop/Change

❑ **KEEP** THIS DEGREE/MAJOR ❑ **DROP** THIS DEGREE/MAJOR
Catalog Year:_____
Degree: _____ ❑ thesis ❑ non-thesis
Major #**2**: _____
College: _____

_____
Signature of department chair **required** to Drop/Change

❑ **ADD** DEGREE/MAJOR
Catalog Year:_____
Degree: _____ ❑ thesis ❑ non-thesis
Major # ___ : _____
College: _____

_____
Signature of department chair **required** to Add

❑ **ADD** DEGREE/MAJOR
Catalog Year:_____
Degree: _____ ❑ thesis ❑ non-thesis
Major # ___: _____
College: _____

_____
Signature of department chair **required** to Add

_____ _____
College of Graduate Studies signature **REQUIRED** for ALL changes Date

ACADEMIC CERTIFICATE DECLARATION

ACADEMIC CERTIFICATE: LIST ALL CURRENT CERTIFICATES ❑ NO CURRENT CERTIFICATES

❑ **KEEP** THIS CERTIFICATE ❑ **DROP** THIS CERTIFICATE
Certificate: _____
Dept: _____

_____
Signature of department chair **required** to DROP

❑ **ADD** THIS CERTIFICATE
Certificate: _____
Dept: _____

_____
Signature of department chair **required** to ADD

❑ **KEEP** THIS CERTIFICATE ❑ **DROP** THIS CERTIFICATE
Certificate: _____
Dept: _____

_____
Signature of department chair **required** to DROP

❑ **ADD** THIS CERTIFICATE
Certificate: _____
Dept: _____

_____
Signature of department chair **required** to ADD

REGISTRAR USE ONLY Processed By:_____ Date:_____ Updated 6/5/13