



Change of Curriculum

(Print) Student's Last Name	First	Middle
Current Mailing Address	City, State	Zip Code
		Phone Number
K ID Number	Student's Signature	Date

<p>Current Primary:</p> <p>Catalog Year: _____</p> <p>Degree: _____</p> <p>College: _____</p> <p>Major : _____</p> <p>Minor: _____</p> <p>Concentration: _____</p> <p>Support Field (EDKN majors only): _____</p> <p>Specialization (AG Majors only): _____</p> <p>Change Primary to:</p> <p>Catalog Year: _____</p> <p>Degree: _____</p> <p>College: _____</p> <p>Major: _____</p> <p>Minor: _____</p> <p>Concentration: _____</p> <p>Support Field (EDKN majors only): _____</p> <p>Specialization (AG Majors only): _____</p>	<p>Current Secondary:</p> <p>Catalog Year: _____</p> <p>Degree: _____</p> <p>College: _____</p> <p>Major : _____</p> <p>Minor: _____</p> <p>Concentration: _____</p> <p>Support Field (EDKN majors only): _____</p> <p>Specialization (AG Majors only): _____</p> <p>Change Secondary to:</p> <p>Catalog Year: _____</p> <p>Degree: _____</p> <p>College: _____</p> <p>Major: _____</p> <p>Minor: _____</p> <p>Concentration: _____</p> <p>Support Field (EDKN majors only): _____</p> <p>Specialization (AG Majors only): _____</p>
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To reflect for current semester, completed form must be submitted to the Office of the Registrar prior to Census Date for the semester/term.
NOTE: College of Engineering students must obtain the request form from the department, approved by the Dean, and attach a copy to this form when submitting to the Office of the Registrar.

Current Academic Advisor Approval: (*Note – If your advisor is unknown, contact your major department to have an advisor assigned.)

Signature	Print Name	Date
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Change of Academic Advisor Approval: (*Note – If your advisor is unknown, contact your major department to have an advisor assigned.)

Signature	Print Name	Date
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IMPORTANT: If you are currently receiving Veteran benefits a signature is required from the VA office.

VA Office Representative's Name	Representative's Signature	Date
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Office of the Registrar Use Only: Processed By _____ Date _____