

## STUDENT INFO

Name \_\_\_\_\_ ID \_\_\_\_\_ Phone \_\_\_\_\_ NetID \_\_\_\_\_  
 Honors? (Y/N) \_\_\_\_\_ Probation Code? (P/W/R) \_\_\_\_\_ Hold Removed? (Y/N) \_\_\_\_\_ RAN \_\_\_\_\_  
 Office of Student Athlete Development Signature (athletes only) \_\_\_\_\_

## SUMMARY OF CURRENT AND PROPOSED CURRICULUM

Check all applicable actions:  Change Major  Add/Drop Major  Add/Drop Minor  Add/Drop Cert

Current Curriculum: 1<sup>st</sup> Maj \_\_\_\_\_ 2<sup>nd</sup> Maj \_\_\_\_\_ 3<sup>rd</sup> Maj \_\_\_\_\_  
 Min/Cert #1 \_\_\_\_\_ Min/Cert #1 \_\_\_\_\_ Min/Cert #1 \_\_\_\_\_  
 Min/Cert #2 \_\_\_\_\_ Min/Cert #2 \_\_\_\_\_ Min/Cert #2 \_\_\_\_\_

Proposed Curriculum: 1<sup>st</sup> Maj \_\_\_\_\_ 2<sup>nd</sup> Maj \_\_\_\_\_ 3<sup>rd</sup> Maj \_\_\_\_\_  
 Min/Cert #1 \_\_\_\_\_ Min/Cert #1 \_\_\_\_\_ Min/Cert #1 \_\_\_\_\_  
 Min/Cert #2 \_\_\_\_\_ Min/Cert #2 \_\_\_\_\_ Min/Cert #2 \_\_\_\_\_

→ If only cancellations are needed, please sign below and send directly to college of primary major.

Primary Adviser \_\_\_\_\_ Date \_\_\_\_\_

## PROPOSED CURRICULUM AND APPROVALS

### MAJORS

First \_\_\_\_\_ Cat \_\_\_\_\_ ▶  
 Opt \_\_\_\_\_ Grad Term \_\_\_\_\_  
 Min/ Cert #1\* \_\_\_\_\_ Cat \_\_\_\_\_  
 Min/ Cert #2\* \_\_\_\_\_ Cat \_\_\_\_\_

Second \_\_\_\_\_ Cat \_\_\_\_\_ ▶  
 Opt \_\_\_\_\_ Grad Term \_\_\_\_\_  
 2<sup>nd</sup> Maj/  2<sup>nd</sup> Deg \_\_\_\_\_  
 Min/ Cert #1\* \_\_\_\_\_ Cat \_\_\_\_\_  
 Min/ Cert #2\* \_\_\_\_\_ Cat \_\_\_\_\_

Third \_\_\_\_\_ Cat \_\_\_\_\_ ▶  
 Opt \_\_\_\_\_ Grad Term \_\_\_\_\_  
 3<sup>rd</sup> Maj/  3<sup>rd</sup> Deg \_\_\_\_\_  
 Min/ Cert #1\* \_\_\_\_\_ Cat \_\_\_\_\_  
 Min/ Cert #2\* \_\_\_\_\_ Cat \_\_\_\_\_

### APPROVALS

Adviser \_\_\_\_\_ NetID \_\_\_\_\_ Date \_\_\_\_\_  
 Min/Cert Dept \_\_\_\_\_ Date \_\_\_\_\_  
 Min/Cert Dept \_\_\_\_\_ Date \_\_\_\_\_

Adviser \_\_\_\_\_ NetID \_\_\_\_\_ Date \_\_\_\_\_  
 2<sup>nd</sup> College \_\_\_\_\_ Date \_\_\_\_\_  
 Min/Cert Dept \_\_\_\_\_ Date \_\_\_\_\_  
 Min/Cert Dept \_\_\_\_\_ Date \_\_\_\_\_

Adviser \_\_\_\_\_ NetID \_\_\_\_\_ Date \_\_\_\_\_  
 3<sup>rd</sup> College \_\_\_\_\_ Date \_\_\_\_\_  
 Min/Cert Dept \_\_\_\_\_ Date \_\_\_\_\_  
 Min/Cert Dept \_\_\_\_\_ Date \_\_\_\_\_

## FINAL APPROVAL

College of Primary Major \_\_\_\_\_ Date \_\_\_\_\_

## ADDITIONAL NOTES / SUMMARY OF CHANGES

\*If the Min/Cert includes non-standard coursework, list all courses and detail how requirements will be met.

### College Office Email Contacts

CALS: agls-docs@iastate.edu  
 CHS: hsss@iastate.edu  
 COB: ivy\_ugp@iastate.edu  
 DES: design-ss@iastate.edu  
 ENGR: ec1@iastate.edu  
 LAS: las\_sas@iastate.edu

(double click to open email)