CLAFLIN
UNIVERSITY
FOUNDED 1869

Only one change permitted per form.

Office of the Provost
Change of Program Form
add/drop major, minor, or concentration

Student Name   Claflin ID#   Date

Current Major   Current Minor or/and Concentration

Program Change
Check which applies:

◯ **Add**   **Major**

◯ **Delete**   **Minor**

                             Concentration

_____ Date   **New Advisor** _____ Date
Advisor

_____ Date   **New Department Chair** _____ Date
Department Chair

_____ Date   **New Dean** _____ Date
Dean

Double Major Request

◯ **Add 2nd Major**   ◯ **Delete 2nd Major**

                                   _____ _____
                                   2nd Major Advisor   Date

                                   _____ _____
                                   2nd Major Department Chair   Date

                                   _____ _____
                                   2nd Major Dean   Date

I hereby request permission to make the indicated changes. It is understood that I must complete the requirements in my major/minor before graduation.

_____ _____
Student Signature   Date

Notes:
_____

_____

Provost _____ Date   **Registrar** _____ Date