



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 _____
Minor _____
Concentration _____

Delete

Major _____
Minor _____
Concentration _____

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

Student Signature

Date

Advisor

Date

New or Second Advisor

Date

Department Chair

Date

New Department Chair

Date

Notes:

Registrar

Date

Cc: Dean(s)