

LUZERNE COUNTY COMMUNITY COLLEGE
REQUEST FOR CHANGE OF CURRICULUM

NAME _____

STUDENT ID NUMBER _____

DATE _____

NOTE: IF YOU ARE RECEIVING VETERAN'S BENEFITS, PLEASE REPORT YOUR CURRICULUM CHANGE TO THE VETERAN'S OFFICE AT THE COLLEGE.

EDUCATIONAL GOAL: *Choose One (please click box)*

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------|
| 1. <input type="checkbox"/> ADT – AS Degree – Then Transfer | 5. <input type="checkbox"/> DIP – Earn a Diploma |
| 2. <input type="checkbox"/> ADW – AS Degree – Then Work | 6. <input type="checkbox"/> PER – Personal Interest/Self Improve |
| 3. <input type="checkbox"/> TCT – Take Courses – Then Transfer | 7. <input type="checkbox"/> JOB – Job Improvement |
| 4. <input type="checkbox"/> CER – Earn a Certificate | 8. <input type="checkbox"/> OTH - Other |

PRESENT _____

NEW CURRICULUM _____

SEMESTER OF REQUESTED CHANGE _____

STUDENT SIGNATURE _____ DATE _____

COUNSELOR'S SIGNATURE _____ DATE _____

REGISTRAR'S OFFICE _____ DATE _____