



LUZERNE COUNTY COMMUNITY COLLEGE REQUEST FOR CHANGE OF CURRICULUM

To request a curriculum change, a student must have this form completed and signed by their Counselor/Advisor before submitting it to the Registrar's Office.

NAME: _____

STUDENT ID NUMBER: _____

DATE: _____

NOTE: IF YOU ARE RECEIVING VETERAN'S BENEFITS, PLEASE REPORT YOUR CURRICULUM CHANGE TO THE VETERAN'S OFFICE LOCATED IN THE FINANCIAL AID OFFICE, BUILDING 5, ROOM 508.

CURRENT CURRICULUM: _____
Include the degree code (AA, AS, AAS, Certificate or Diploma)

NEW CURRICULUM: _____
Include the degree code (AA, AS, AAS, Certificate or Diploma)

SEMESTER OF REQUESTED CHANGE: _____

STUDENT SIGNATURE: _____ DATE: _____

COUNSELOR/ADVISOR SIGNATURE: _____ DATE: _____

REGISTRAR'S OFFICE: _____ DATE: _____