

# GRADUATE PROGRAM CURRICULUM ACTION FORM

ACAD-HISTORY-T

*Please process one curriculum change per form.  
 Print clearly and use ink (no pencil).*

|                                       |                                   |   |                                   |
|---------------------------------------|-----------------------------------|---|-----------------------------------|
| Royal ID                              | Name                              |   |                                   |
| Program                               | College                           | Cell Phone #                            |                                   |
|                                       | CAS<br>On campus                  | KSOM<br>Online                          | PCPS                              |
| Expected Date of Graduation           | Mentor                            |   |                                   |
| Check all that Apply:                 |                                   |   |                                   |
| Add<br>Degree                         | Change<br>Program                 | Declare<br>Concentration/Specialization | Drop<br>Other: _____<br>Attribute |
| Current Degree/Program/Specialization | New Degree/Program/Specialization |   |                                   |
| Reason for Change                     |                                   |   |                                   |
| Student Signature                     |                                   |   | Date                              |
| Approval Signatures                   | Recommended                       | Not Recommended                         | Date                              |
| Mentor                                |                                   |   |                                   |
| Chairperson/Program Director          |                                   |   |                                   |
| College Dean                          |                                   |   |                                   |
| Remarks                               |                                   |   |                                   |
| New Mentor (if applicable)            |                                   |   |                                   |
| CAPP Program Code                     | Catalog Term                      | Date                                    |                                   |
| Office Use                            |                                   |   |                                   |

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall.