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. ☐ ADT – AS Degree – Then Transfer   5. ☐ DIP – Earn a Diploma

2. ☐ ADW – AS Degree – Then Work   6. ☐ PER – Personal Interest/Self Improve

3. ☐ TCT – Take Courses – Then Transfer   7. ☐ JOB – Job Improvement

4. ☐ CER – Earn a Certificate   8. ☐ OTH - Other

PRESENT _____

NEW CURRICULUM _____

SEMESTER OF REQUESTED CHANGE _____

STUDENT SIGNATURE _____ DATE _____

COUNSELOR'S SIGNATURE _____ DATE _____

REGISTRAR'S OFFICE _____ DATE _____