



REQUEST FOR CHANGE OF CURRICULUM

DATE NMU IN PHONE

NAME
Last First Middle

ADDRESS
Street City State Zip

PRESENT CURRICULUM:
Curriculum Concentration

PROPOSED CURRICULUM:
Curriculum Concentration

Signature of Student Requesting Change Date

FOR GRADUATE OFFICE USE ONLY:

UNDERGRADUATE GPA: GRADUATE GPA:

TEST SCORE: GRE MAT GMAT TOEFL

ACCEPT REGULAR STATUS ACCEPT CONDITIONAL STATUS DENY

COMMENTS:

CURRICULUM MAJOR

Advisor Signature Date NMU IN

DATE RECEIVED BY GRADUATE OFFICE