

Change of Curriculum

PHILADELPHIA BIBLICAL UNIVERSITY

The Records Office

Name _____ Student ID # _____ Box _____

I request the following change in my curriculum:

From Previous Curriculum:

Department _____
Curriculum _____
Department Chair _____ <i>Signature</i>
Academic Advisor _____ <i>Signature</i>

Change to New Curriculum:

Department _____
Curriculum _____
Department Chair _____ <i>Signature</i>
<i>For prospective Teacher Education students only:</i> SAT score _____ Cum GPA _____
Note: Advisor to be assigned by the Department Chair.
Academic Advisor _____ <i>Signature</i>
Note: Contact previous academic advisor to obtain student's advising file.

Have you received transfer credit from another institution? Q No Q Yes

Student Signature _____ Date _____
<i>Changes will be effective in the current semester (if submitted prior to preregistration) or the subsequent semester (if submitted after preregistration).</i>