

UIC

College of Engineering

REQUEST FOR MODIFICATION OF MAJOR

PLEASE PRINT

NAME
STREET ADDRESS
CITY / STATE / ZIP

SOCIAL SECURITY #
MAJOR
EXPECTED GRADUATION DATE

FOLD ALONG DOTTED LINE

COURSE	DEPT.	COURSE #	CREDIT HOURS	CATALOG TITLE	HOURS OF DESIGN CONTENT and COMPUTER USAGE
REQUIREMENT					
SUBSTITUTION*					

*Substitutions for failed courses are not permitted. A failed course in the major must be repeated.

NOTE – Academic Justification:

Student's Advisor's Approval: _____ Date: _____

Department Head's or UG Chair's Approval: _____ Date: _____

Education Policy Committee Approval: _____ Date: _____

COLLEGE NOTES: _____
