Undergraduate
Curriculum Add/Drop Form

Curriculum changes must be submitted to the Registrar’s Office before Wednesday of the second week of instruction to be effective for that semester. Curriculum changes received after that time will be effective for the following semester. Changes to catalog year only will be effective for the current semester.

CURRENT INFORMATION:

Name (please print): _______________________________________________________________ Student ID: M______________________
Last                                           First                                        Middle
MTU Email __________________________________@mtu.edu Phone number (optional): _______________________________________
Primary Major: __________________________________________  Concentration: __________________________________
Minor: __________________________________________  Certificate: _______________________________________________
Double Major: __________________________________________  Concentration: __________________________________
Second Degree with Major/Concentration: ________________________________________________________

CHANGE CATALOG YEAR ONLY

For the current: □ Primary Major □ Double Major □ Minor □ Certificate □ Second Degree

Student Signature                                    Date                                            Academic Advisor (associated with the selected curriculum)         Date
Print advisor name: ________________________________________

☐ ADD OR ☐ CHANGE (to current information listed above)
☐ Primary Major ___________________________________           Concentration _________________________________________
☐ Minor __________________________________________  Certificate _______________________________________________
☐ Double Major* ___________________________________                   Concentration _______________________________________
☐ Second Degree* with Major/Concentration _____________________________________________________________________________
*Note: A double major is not the same as a second degree. If you wish to pursue a second degree, you must complete a degree audit with the academic advisor in the second degree department

Catalog Year to use for new curriculum: □ 2011-12 □ 2012-13 □ 2013-14 □ 2014-15 □ 2015-16 □ Other _________

Student Signature                                    Date                                            Academic Advisor (associated with the selected curriculum)         Date
Print advisor name: ________________________________________

DROPP (from current information listed above)
☐ Primary Major ___________________________________           Concentration _________________________________________
☐ Minor __________________________________________  Certificate _______________________________________________
☐ Double Major __________________________________________  Concentration _______________________________________
☐ Second Degree with Major/Concentration ________________________________________________________

Advisor signature is not required for dropped curriculum. 08/2015

Student Signature                                    Date