

**REQUEST TO MAKE CHANGES TO INDIVIDUALIZED
INTERDEPARTMENTAL MAJOR or MINOR**

NAME _____ CLASS YEAR _____ DATE _____

STUDENT ID # _____ E-MAIL _____@u.rochester.edu

LOCAL MAILING ADDRESS _____ CMC _____ LOCAL TEL # _____

MAJOR / MINOR TITLE _____

(circle one)

Submit requests prior to making any changes to your approved major or minor.

In the space provided below, please indicate the changes you wish to make to your interdepartmental major or minor. List each course and title and the course(s) being replaced (e.g., *IR 252 Ethnic Politics*, Fall 2015, in place of *IR 206 Authoritarianism*), and state your reasons for the changes. Include the semester in which you plan to take the new course. You must secure the approval of your faculty adviser(s). You will be notified by mail of the Committee's decision.

The above-named student has consulted me regarding the proposed changes to his/her major or minor, and I have approved them.

Adviser (print name)

Adviser (print name)

Adviser signature

Adviser signature

Date

Date