

SELF-DESIGNED MAJOR AMENDMENT REQUEST

Any changes to a Rollins Self-Designed Major must be submitted to the Office of the Dean of the Faculty with all signatures and dated for final approval.

NAME: _____

R-Number: _____

E-Mail _____ Local Phone: _____ Date: _____

Total Semester Credits Completed: _____ Cumulative G.P.A. _____ (3.33 is minimum requirement)

Title of Self-Designed Major: _____

I request the following amendment(s) to my original Self-Designed Major for the reasons articulated.

ORIGINAL SUBMISSION		PROPOSED AMENDMENT	
<i>Subj/Num</i>	<i>Course Title</i>	<i>Subj/Num</i>	<i>Course Title</i>

Reason for request, please be specific and detailed.

APPROVED:

Director: _____

Date: _____

Sponsor: _____

Date: _____

Sponsor: _____

Date: _____

Associate Dean: _____

Date: _____

cc: Office of Student Records, Director, Sponsor(s), Student, Student File