## School of Integrative Health / NDMU Change of Addition of Program/Curriculum Form

This form can only be used if the program change or addition is within the same discipline. Students will be placed into the curriculum requirements of the current catalog year. Students who submit a change or addition of program form after the first day of registration for the fall trimester, will be placed into the degree requirements for the upcoming academic year. Changes outside the current discipline will require reapplication for admission. Please review the SOIH Change or Addition of Program/Curriculum Policy before submitting this form.

Student ID Number	Last Name, Firs	t Name	NDMU E-mail address	
CHANGE OR AD	DITION OF PROGRAM			
What is your current pr	ogram or curriculum?			
What program or curric	culum would you like to change	to or add?		
Why are you requesting	g this change or addition?			
	with my advisor which of my cre of applicable credits will be mad	edits will transfer to the new pro de by the department chair.	gram/curriculum.	
Student Signature:			Date:	
Financial Aid Office Signature:			Date:	
		SFER INTO THE NEW PROGRAM		
Course Number	Course Title	Trimester Taken	Grade	
Academic Advisor Signa CHANGE OR AD (Internal Use Only)	ture: ODITION OF CURRICULU	JM	Date:	
Current Curriculum Code:		G	New Program Curriculum Code:	
Department Chair Approval  After completion, the Department Chair should return this form		orm to the Office of the Registrar Regis	Da <u>te:</u>	