

Changed in Academic Records By: _____

Date: _____

Emailed Student On Date: _____

CURRICULUM CHANGE

Name: _____ Student ID#: _____

Permission has been granted to apply the following changes in named student's curriculum:

Internal:

Apply _____ to _____ requirement
(Course Code) (Course Code)

Apply _____ to _____ requirement
(Course Code) (Course Code)

Apply _____ to _____ requirement
(Course Code) (Course Code)

Apply Special Project _____ 285 or 485 _____ from _____ to satisfy _____ requirement
(Course Code) (Name of Class) (Semester) (CCS Course Code)

Apply Special Project _____ 285 or 485 _____ from _____ to satisfy _____ requirement
(Course Code) (Name of Class) (Semester) (CCS Course Code)

Apply Special Project _____ 285 or 485 _____ from _____ to satisfy _____ requirement
(Course Code) (Name of Class) (Semester) (CCS Course Code)

Transfer From Outside Institution:

Accept _____ from _____ to transfer in to CCS as _____
(Course Code) (Name of Institution) (CCS Course Code)

Accept _____ from _____ to transfer in to CCS as _____
(Course Code) (Name of Institution) (CCS Course Code)

Notes or Comments:

Department Chairperson Signature: X _____ Date _____

Return this form to:
Tanecia Nunlee, Registrar
Academic Advising & Registration
Office College for Creative Studies
201 East Kirby Street, Detroit, MI 48202
Phone: (313) 664-7671