

Office of Records and Registration
St. Cloud state University
720 4th Avenue South
St. Cloud, MN 56301-4498
320-308-2111

Program Change Form

Use this form to make changes to a student's program of study

Student's Name: (print) _____

SCSU ID: _____

CHECK THE APPROPRIATE ACTION

_____ Drop Major: Psychology _____ (Signature must be from major dept.)

_____ Drop Minor: Psychology _____ (Signature must be from the minor dept.)

_____ Course Substitution in the _____ major or _____ minor: (use the back if additional space is needed)

Use the following course: _____ to replace this required course: _____
Choose an item. SCSU / Study Abroad / Transfer

Use the following course: _____ to replace this required course: _____
Choose an item. SCSU / Study Abroad / Transfer

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Choose an item. SCSU / Study Abroad / Transfer

Use the following course: _____ to replace this required course: _____
Choose an item. SCSU / Study Abroad / Transfer

_____ Elective Approval: The following courses are to be used as electives in the _____ major _____ minor:

_____ Other:

Student Signature Date Major or Minor Advisor Signature Date Dept. Chair Signature Date

Print Advisor Name