USC

Office of Academic Records and Registrar
Change/Addition of Dual Degree Objective

Name: _____

Student ID Number: _____

Student's Signature: _____

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_____	_____	_____
Major to be Dropped	Post Code	Degree Objective to be Dropped
_____	_____	
Change Effective Term	Change Effective Date	
_____	_____	
Approval Signature	Date	

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_____	_____	_____
SECOND Major to be Dropped	Post Code	Degree Objective to be Dropped
_____	_____	
Change Effective Term	Change Effective Date	
_____	_____	
Approval Signature	Date	

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_____	_____	_____
Dual Degree Major to be Added	Post Code	Degree Objective to be Added
_____	_____	
Change Effective Term	Change Effective Date	
_____	_____	_____
Approval Signature	Date	School
_____	_____	_____
Approval Signature	Date	School

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For Office Use Only: Date Completed: _____   Initials: _____

This form can be faxed to (213) 740-6761, Attention Lorna Tureaud