

DROPPING OR SWITCHING PATHWAYS FORM

STUDENT INFORMATION

LAST NAME: _____ FIRST: _____ CAMEL # _____

CLASS YEAR _____

TO DROP A PATHWAY:

Pathway: _____

Pathway Coordinator Name: _____ (please print)

Signature: _____ DATE: _____

TO SWITCH PATHWAYS:

Current Pathway Coordinator Name: _____ (please print)

Signature: _____ DATE: _____

New Pathway Coordinator Name: _____ (please print)

Signature: _____ DATE: _____

() I have attached a new Pathway Statement of Interest

() Describe plan for completing Thematic Inquiry for new pathway (201 course):

REQUIRED CONNECTIONS SIGNATURES

Student: _____ DATE: _____

Associate Dean of the College for Curriculum _____ DATE: _____

OR

Assistant Dean of the College for Connections _____ DATE: _____

Please bring the form signed by the coordinator(s) to:
Prof. Hammond, Associate Dean of the College for Curriculum (FAN 316) *or*
Dean Friedman, Assistant Dean of the College for Connections (FAN 206)
for a final signature. The deans will keep a copy for their records, and the student
will bring the completed form to the Registrar's office in person.