

Individual Studies Program (IVSP)

University of Maryland

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College Park, MD 20742

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Phone: 301.314.0023

Date Received: _____

Request for Curriculum Change

Name: Email:

IVSP Major: UID Number:

IVSP Mentor: Projected Graduation Date:

This form is for requesting changes from courses approved by the IVSP Faculty Review Board for your curriculum.

Changes must be approved by your Faculty Mentor and the IVSP Director, as well as Undergraduate Studies. The copy in your file is the official record of your request to change your requirements. An additional entry will be made one the request for a change to your curriculum is granted. After filling out the information below and having it signed by your Faculty Mentor, please submit the form to the IVSP Coordinator for processing.

Original Course (Course Number and Title)	Proposed Alternative Course (Course Number and Title)	Faculty Mentor Signature	IVSP Director's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

You also need to provide a justification of each change proposed. Specifically, why is each class going to benefit your course of study and how does the alternative course replace the original course? Please attach your explanation to this form.