

## OFFICE OF ACADEMIC RECORDS AND REGISTRAR

### CHANGE/ADDITION OF DUAL DEGREE OBJECTIVE

---

USC ID number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

---

Last Name	First Name	Middle Name

---

Student Signature	Date

---



---

Major to be Dropped	Post Code	Degree Objective to be Dropped

---

Change Effective Term	Change Effective Date

---

Approval Signature	Date

---



---

Second Major to be Dropped	Post Code	Degree Objective to be Dropped

---

Change Effective Term	Change Effective Date

---

Approval Signature	Date

---



---

Dual Degree Major to be Added	Post Code	Degree Objective to be Added

---

Change Effective Term	Change Effective Date

---

Approval Signature	Date	School or Department

---

Approval Signature	Date	School or Department

**For Office Use Only:** Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

This form can be faxed to (213) 821-3724.