

CHANGE OF CURRICULUM



Office of Registration & Records
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
Phone: 732-255-0304

Curriculum Change	Catalog Change	Both
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Student ID #: _____ Student name: _____

Current catalog year: _____ New catalog year*: _____

**By signing this form, I understand that by changing catalog year, my degree requirements might change and that additional courses may be required to complete my degree. In addition, any transfer courses may be reviewed and redistributed in compliance with the chosen catalog year requirements.*

Please note: If you have already applied for graduation, it may not be possible to change your catalog year at this time.

Current Curriculum:

Degree Program: _____

Enter Degree Program if Other: _____

Certificate of Completion: (12-27 credits)

Enter Certificate of Completion if Other: _____

Certificate of Proficiency: (30-36 credits)

Enter Certificate of Proficiency if Other: _____

New Curriculum:

Degree Program: _____

Enter Degree Program if Other: _____

Certificate of Completion: (12-27 credits)

Enter Certificate of Completion if Other: _____

Certificate of Proficiency: (30-36 credits)

Enter Certificate of Proficiency if Other: _____

Advisor's signature: _____ Date: _____

Student's signature: _____ Date: _____

Print and submit to the Registration and Records Department or email to registrar@ocean.edu

Registration and Records Use Only:

Entered by: _____ Date: _____