

Last Name	
First Name	
UVA ID #	
UVA e-mail	

## REQUEST TO LEAVE NEW COLLEGE CURRICULUM

Association: Are you or were you ever an	Echols Scholar	Student Athlete	Transfer Student	
If none of the above, what is/was your first-	-year residence hall?			
Academic Year: First Second	Major (only if declare	d):		
<ul> <li>INSTRUCTIONS:</li> <li>1. Complete this form.</li> <li>2. Meet with your Faculty Advisor and obtain</li> <li>3. Meet with your Association Dean who will the Return the form to 101 Monroe Hall.</li> </ul>	S	l sign this form to indic	ate their approval.	
Reason for Changing from New College Curriculum to Traditional Curriculum:				
Name of Faculty Advisor		e of Faculty Advisor		
Having reviewed this decision with my Faculty Advisor and Association Dean, I hereby request to discontinue my participation in the New College Curriculum. If currently enrolled in any EGMT courses, I will be dropped or withdrawn from these classes. If necessary, I will be assigned a new Faculty Advisor. <b>My academic requirements will change from the New College Curriculum Requirements to the Traditional Curriculum Requirements</b> , which I must complete, along with total credit hour and major requirements, before graduation. Any credit earned while in the New College Curriculum will fulfill College Area & Competency requirements if applicable (EGMT courses do not fulfill College Area Requirements and will count only as elective credit). My signature below indicates that I have read, understood, and agree to these changes.				
Student's Signature	Association	iation Dean's Signature		
Date	 Date			
Office use only  Acad. Program Manager: drop current EGMTs/change faculty  EGMT courses dropped: Faculty Advisor changed		lent > CIS: enter in DB/scan fo	r indexing	