



College of Health Sciences Request to Change Catalog Year

Name: _____ ID Number: _____

Telephone: _____ Email: _____

Major: _____

I would like to change my catalog year from _____ to _____

Basis for change:

I understand that my catalog year will change my requirements for graduation, and I am familiar with those changes.

Student Signature: _____

Date: _____

Return signed form to the CHS Dean's Office, Quinn 101 for processing.