UNDERGRADUATE CATALOG CHANGE FORM

Date: ______________________

Student Name: ________________________________________

CWID: ______________________

I, ___________________________________________, request to change from the
______________ Catalog to the ______________ Catalog regarding the following
Major _______________________ for the following reason(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________.

I Plan to Graduate: ____________________________
Month Year

Student Signature: ________________________________

Approved By:

ADVISOR

_________________________  _____________________
Printed Name     Signature

DEPARTMENT HEAD

_________________________  _____________________
Printed Name     Signature

OFFICE USE ONLY:
Processed ______
Date ______