

## 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 \_\_\_\_\_