Graduate Student Services

REQUEST FOR CHANGE OF CATALOG

Date: _____

Name:_____ CWID: _____

Major: _____

Major Professor:_____

Anticipated Graduation Date: _____

I am requesting to change from the _____ to the _____ Graduate Catalog.

Please attach a degree plan that corresponds to the requested catalog.

_____ _____
Student Date

_____ _____
Major Professor Date

☐ Approved
☐ Denied

_____ _____
School Director Date

☐ Approved
☐ Denied

_____ _____
Associate Vice President for Academic Affairs Date

☐ Approved
☐ Denied