

Name:	CWID:	Major:
_____	_____	_____

Request to change from catalog year **to catalog year**

Reason for Change:

Advisor must attach a copy of the current degree check sheet and a degree check sheet for the requested catalog year.

_____	_____
Student's Signature *	Date

_____	_____	<input type="checkbox"/> Approve
Advisor Signature (CAES or CHPS)	Date	<input type="checkbox"/> Disapprove

_____	_____	<input type="checkbox"/> Approve
Program Representative Signature (Program Director - CHPS; School Director - CAES or CBSS)	Date	<input type="checkbox"/> Disapprove

_____	_____	<input type="checkbox"/> Approve
Associate Dean or Dean's Signature	Date	<input type="checkbox"/> Disapprove

* Student's signature signifies their understanding that only one catalog year change is allowed.