

A-7

The University of Louisiana at Monroe
College of Arts and Sciences
Advising Form: **Change Catalogs**

Name _____	Student Number _____	Date _____
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Advisor _____	Major _____	Cumulative GPA _____
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Anticipated Graduation Date _____

From to

Reason for Change _____

Please attach a degree check sheet for the new catalog.

Student's Signature and Date _____

Advisor's Signature and Date _____

- Approve
- Disapprove

Department Head's Signature and Date _____

- Approve
- Disapprove

Dean's Signature and Date _____

- Approve
- Disapprove