Office of the Registrar

Catalog Term Change Form

(All fields outlined in red are REQUIRED. An answer must be provided in order to save form)

Name: _____ **PWID #:** _____

Campus Email: _____ **Phone #:** _____

Have you received any Curriculum Adjustments which you would like to be evaluated for the current term requirements? Yes ☐ No ☐

- If "Yes" please include a copy of your current Degree Works Audit with submission of this form.

Do you intend to graduate this semester? Yes ☐ No ☐

Please indicate all curriculum information below that applies:

- Major:
- Minor:
- Certificate:

New Catalog Year: _____

My signature below affirms that changing my catalog (entry) term may impact my general education and major requirements and previously approved Curriculum Adjustments. I have reviewed the new requirements and want to change my catalog term to the current semester.

_____ _____

Student Signature **Date**

_____ _____

Advisor Signature **Date**

Instructions:

- Student to complete application and submit to Advisor for approval. **Digital signatures are preferred.**
- Advisor to digitally sign form and Admin Assistant/designee to upload signed form to the Office of the Registrar Security FTP site via this link.
- Please follow naming convention of: TERM_PWID_CATALOG_TERM_CHANGE
  - Example: 202230_P11100023_CATALOG_TERM_CHANGE