



EDINBORO UNIVERSITY

Catalog Term Change Form

This form is required to change the student's program requirements to reflect General Education and major requirements in effect in the current semester.

Student ID: @ _____ Date _____

Name: _____
Last First M.I.

Local Address: _____
Street City State Zip Code

Major: _____ Concentration: _____

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

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's Signature _____ Date _____

Advisor or Department Chairperson's Signature _____ Date _____

Please submit this form to:
The Office of Records and Registration
Hamilton Hall, 210 Glasgow Road
Edinboro, PA 16444
Fax: 814.732.2130
Phone: 814.732.3501
Email: records@edinboro.edu

OFFICIAL USE ONLY:

Term Updated to: _____ Updated Curriculum Adjustments: Y N/A

Term Updated by: _____ Date: _____