## College of Engineering Change of Catalog Request

Student Name:			
	First Name	М.І.	Last Name
ULID: C		Department: _	
Anticipated Graduation Semester/Year:			
Current Catalog	):		
			nent or the time of their re-enrollment
Requested Cata	log:		
Reason to Char	ige Catalog:		
By signing this form, I understand that changing catalog may affect major, minor, concentration and/or general education requirements.			
Student's Signa	ture:		Date:
Approved / Not	Approved:		
Department Hea	nd:		Date:
Approved / Not	Approved:		
Effective Semester of Catalog Change:			
Dean:		***************************************	Date:

This request is to be completed by the student, approved by the student's department head and forwarded to the dean's office for approval.