

# Change of Catalog Term



Student Name: \_\_\_\_\_ Cortland ID: C00- \_\_\_\_\_

Student E-mail: \_\_\_\_\_

**Complete the Current Academic Information Below:** (Refer to CAPP for current program codes.)

Advisor: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Have you applied to graduate?  YES  NO

	Degree:	Major:	Concentration:	Dual Major:	Minor:
Program Information:					

Your Current Catalog Term:		New Catalog Term:	
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**To the Student: By signing below you acknowledge that you are aware it is your responsibility to read the College Catalog and become familiar with the policies and requirements of the effective catalog term.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A student signature is not required if the change is initiated by the Associate Dean or Department Chair on behalf of the student (for example, during the readmission process).

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An advisor signature is not required if the change is initiated by the Associate Dean or Department Chair.

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. Deans Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Registrar's Office Use Only</b>	<input type="checkbox"/> Dept/Dean Initiated	<input type="checkbox"/> Student Initiated	Readmit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed By: _____	Date: _____		
<b>Copies To:</b> Dept Chair, Associate Dean, Academic Advisor, and Student File			Form Updated: March 2102