



SUNY Cortland Registrar's Office
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FACULTY AND STAFF

Catalog Term
 Change Request

Student and Program Information

Student Name: _____ ID: _____

E-mail: _____ Department: _____

Phone: _____ Level: Undergraduate Graduate

Academic Advisor: _____ Credit Completed: _____

Expected Degree Conferral Term: _____ Has the student applied to graduate? Yes No

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

Current Catalog Term: New Catalog Term:

Student Signature: _____ Date: _____

By signing above the students acknowledges that they are aware it is their responsibility to read the College Catalog and become familiar with the policies and requirements of the new catalog term.

Required Approval Signatures

The Student Advisor *or* Department Chair May Sign to Approve. An advisor signature is not required when the change is initiated by the Department Chair or Associate Dean (for example, during the readmission process).

Advisor: _____ Date: _____

(or)

Department Chair: _____ Date: _____

Associate Dean: _____ Date: _____

The Associate Dean signature is required for all requests.

Routing (As Required): Associate Dean Advisor Department Chair Student Record