Change of Undergraduate Catalog Form

DATE: ______________  CAMPBELL ID: _____________________  PHONE: _______________________

NAME: ___________________________________________________________________________________

CURRENT CATALOG: _____________________________________________ (Found at top left of Degree Audit)

CURRENT MAJOR:___________________________________________________________________________

Are there any course substitutions, waivers or exemptions on your current catalog (circle one)?  YES        NO

I understand that by making this move to the most recent catalog that I am responsible for any course additions/subtractions in the most recent published edition of my declared program. I also understand that I cannot retract the change once it is made or move to an earlier edition of the catalog.

STUDENT SIGNATURE: __________________________________________ DATE: ___________________

THIS CHANGE REQUIRES APPROVAL BY STUDENT’S ACADEMIC ADVISOR

CURRENT ADVISOR: _______________________________________________________________________

SIGNATURE OF ADVISOR: _______________________________________ DATE: ___________________

Are you a student-athlete?  □ YES        □ NO

**IF YES, ATHLETICS MUST COMPLETE THE FOLLOWING SECTION TO DETERMINE PLAYER ELIGIBILITY**

CLASSIFICATION:  □ Freshman  □ Sophomore  □ Junior  □ Senior

SPORT: _________________________________________________________________

ATHLETIC ACADEMIC STAFF APPROVED?  □ YES □ NO  DATE: __________________________

SIGNATURE OF ATHLETIC ACADEMIC STAFF: ____________________________________________

THIS SECTION FOR REGISTRAR OFFICE USE ONLY

COMPLETED BY: ______________________________________ DATE: _________________________