REQUEST FOR CHANGE OF COLLEGE CATALOG FOR
DEGREE OR CERTIFICATE REQUIREMENTS

Last Name ____________________________________ First __________ Middle ________ Student Identification No. ___________________________

Campus ___________________________ Division ______ Major ______ Degree/Certificate ___________________________

NOTE: A Delgado student generally fulfills graduation requirements utilizing either the (1) Entry College Catalog—the catalog in effect during the first semester of the student's latest unbroken enrollment period (fall and spring semester only); or (2) Exit College Catalog—the catalog in effect during the semester in which the student completes graduation requirements. For a student who changes majors, the entry College Catalog becomes the catalog in effect the semester in which the student changed to the current major during the student's latest unbroken enrollment period. The student who changes majors has the option of utilizing the new entry College Catalog or the exit College Catalog. However, to fulfill graduation requirements, a student also has the option to request a change to any catalog that was in effect during his/her enrollment for up to five years prior to graduation, providing the degree, certificate, or technical diploma program has not been terminated and all remaining courses are still offered at the College.

I am requesting a change of catalog from: ____________ (Academic Year) to: ____________ (Academic Year) to be used to meet program requirements for graduation.

STUDENT'S JUSTIFICATION FOR REQUEST:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Student's Signature ___________________________ Date __________

Approved:

Advisor ___________________________ Date __________ Division Dean ___________________________ Date __________

Rationale of Division Dean:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

If catalog requested is over five (5) years old, the Vice Chancellor for Academic Affairs must also approve the change:

Vice Chancellor for Academic Affairs (if applicable) ___________________________ Date __________

Received: ______________________ Records Office Staff Date __________

Distribution: Original-Registrar's Office; Copy-Student

Form 1413/002 (2/13)