UNDERGRADUATE BULLETIN CHANGE FORM

Date: ______________________

Student Name: ________________________________

CWID: ______________________

I, ___________________________________________, request to change from the ______________ Bulletin to the ______________ Bulletin regarding the following Major _______________________ for the following reason(s):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________.

I Plan to Graduate: _____________________________

Month       Year

Student Signature: _____________________________

Approved By:

ADVISOR

_________________________  _____________________
Printed Name     Signature

DEPARTMENT HEAD

_________________________  _____________________
Printed Name     Signature

OFFICE USE ONLY:
Processed ______
Date ______