

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 _____