

## **Change of Catalog Term Request**

## Enrollment Management Department Student Records Section

Student Information	
QU ID:	Name:
College:	Major/ Minor:
Mobile:	E-mail:
Catalog Term Info	
Current Catalog Term:	New Catalog Term:
<u>Declaration</u>	
This is to confirm that I have consulted with my academic advisor(s), and that I understand how this change may/will affect my future scheduling and degree completion plans including the loss of any credit hours towards graduation and that the College is not obliged to offer any courses from the new catalog.	
Student Signature	
Signature:	Date:
Student Advisor	
After changing the catalog term, does the student need to obtain a waiver of prerequisites or a substitution for some courses? () Yes () No If yes, please give more details and attach any required forms.	
Change Effective: () Fall () Spring  Student Advisor	()Summer Year:
<u>Student Advisor</u>	
Signature:	Date:
<u>Department Head</u> (of the Department that the student is enrolled in)	
Signature:	Date:
Associate/ Assistant Dean for Student Affairs (of the college that the student is enrolled in)	
Signature:	Date:
Student Records Section	
Implemented by:	Date:

Please direct inquiries to: Females: 4403 3786/3792/3797 I Males: 4403 3796/5953