Indiana University of Pennsylvania



Request for Change of Catalog Year

Last Name	First Name		MI	
Banner ID @	Email			
Primary Major/Program		Secondary Major (if any)		
Please accept this form as an	official request to updat	e the student's Catalog Yea	ar in Degree Works	
	From:	(Student's current catalog	year)	
	To:	(Student's requested catal	og year)	
Notes				
Signatures of Acknowledgme				
"As the requesting student I a changes to my graduation red	_	-		relevant
Student:			Date:	
Primary Advisor/Graduate Co	oordinator		Date:	
Advisor (Secondary Major if	any)		Date:	
Chairperson (Primary Major)			Date:	
Assistant Dean (Primary Majo	or)		Date:	