

**PRAIRIE VIEW A&M UNIVERSITY – Office of the Registrar
CHANGE CATALOG YEAR REQUEST FORM**

| | | | | | | |
|--------------------------------|--------------------|--------------|--------------|-----------------------|----------------------|--------|
| Term Data | | | | • Fall | Summer | Spring |
| | Student ID# | | Major | Classification | Semester Year | |
| Name (Please print) | | | | | | |
| | Last | First | MI | Email Address | | |

I would like to move to the _____ (example 049) catalog.

Student's Signature _____
Date

Department Head's Signature _____
Date

| | |
|-------------------------------------|-------------|
| System Course Entry Use Only | |
| Signature _____ | Date: _____ |