

Graduate School
REQUEST FOR CHANGE OF CATALOG

University of
LOUISIANA
Monroe

Date: _____

Name: _____ CWID: _____

Major: _____

Major Professor: _____

Anticipated Graduation Date: _____

I am requesting to change from the _____ to the _____ Graduate Catalog.

Please attach a degree plan that corresponds to the requested catalog.

Student Date

Major Professor Date

School Director Date

Dean, Graduate School Date

☐ Approved

☐ Denied

☐ Approved

☐ Denied

☐ Approved

☐ Denied