The University of Louisiana at Monroe

**A-7**

College of Arts and Sciences

Advising Request Form: **Change of Catalog**

Date:

Name:       Student Number:       Major:

Cumulative GPA:      Anticipated Graduation Date:

Advisor:

I request a change of catalog from       to      .

**Please attach a degree check sheet for the new catalog.**

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Student’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approve

Advisor’s signature Date [ ]  Disapprove

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approve

Associate Head’s signature Date [ ]  Disapprove

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Approve

Dean’s signature Date [ ]  Disapprove