



HOFSTRA UNIVERSITY®

OFFICE OF ACADEMIC RECORDS

207 Memorial Hall
126 Hofstra University
Hempstead, New York 11549-1260

CHANGE OF CATALOG YEAR REQUEST FORM

Please type or print in ink. Upon completion, please **return this form to the Welcome Desk in 206 Memorial Hall.** If you have any questions, please call (516) 463-6680. Thank you.

NAME: _____

STUDENT ID: _____

ADDRESS: _____

MAJOR(S): _____

MINOR(S): _____

PHONE: (_____) _____

I REQUEST A CHANGE OF CATALOG YEAR FROM _____ - _____ TO

(LATER YEAR ONLY)

I would like to graduate under the _____ - _____ *Hofstra Undergraduate Bulletin* rather than the *Bulletin* year of first registration. I realize that this decision to change my catalog year can be made **only once** during my undergraduate studies and is not reversible. I have also reviewed any additional requirements with the appropriate major and minor chairpersons.

STUDENT SIGNATURE DATE

MAJOR CHAIRPERSON/DEPARTMENT DATE

ACADEMIC DEAN DATE
(ZARB SCHOOL OF BUSINESS STUDENTS ONLY)

DATE/POSTED BY: _____