Change of Catalog Year Request Form

When filling out this form, please type or print in ink. After completed with the appropriate signatures, please return this form to the Office of Academic Records in room 207 Memorial Hall for processing. If there are any questions, please call (516) 463-6680. Thank you.

NAME: ________________________________ STUDENT ID: ________________________________

ADDRESS: ______________________________

____________________________________

____________________________________

____________________________________

PHONE: (_______)_______________________

I REQUEST A CHANGE OF CATALOG YEAR FROM ________ - ________ TO ________ - ________.

(LATER YEAR ONLY)

I would like to graduate under the ________ - ________ Hofstra 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.

________________________________________ DATE

STUDENT SIGNATURE

________________________________________

MAJOR CHAIRPERSON/DEPARTMENT DATE

________________________________________

ACADEMIC DEAN DATE

(ZARB SCHOOL OF BUSINESS STUDENTS ONLY)

DATE/POSTED BY: _________________________