Request to Change Catalog

**Mail:** UNC at Pembroke

Office of the Registrar OR: **Fax:** 910-521-6328

P.O. Box 1510 Pembroke, NC, 28372

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| **UNCP ID** | **8** | **4** | **0** |  |  |  |  |  |  |

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| **Have you applied for graduation?** | Yes |  | No |  |

# I, , on this date , request the Office of the Registrar to change my academic catalog year. I am aware I must follow one catalog only to meet academic requirements. I also understand that I cannot return to a previous catalog.

Old Catalog: New Catalog:

Major: Concentration:

Minor:

Signature:

Policies:

* Meet the requirements of one catalog which were current at the time the student entered this institution or a subsequent catalog. Students will not be allowed to meet some of the requirements of one catalog and some of the requirements of another catalog;

or

* Meet the requirements of the catalog in effect at time of readmission or those of a subsequent catalog if attendance is interrupted for more than one year (two semesters);

# \*This form can be printed and faxed to the Office of the Registrar at **910-521-6328**\*

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| **Office Use Only** | | | |
| **Date Received** |  | **Receiving staff initials** |  |