



Plymouth State University
of the University System of New Hampshire
Office of the Registrar

Office Use Only:

Date: _____

Initials: _____

REQUEST TO CHANGE CATALOG

Name <i>(please print)</i>		

Last Name

First Name

M.I.

Student ID									

Major Catalog Change	Old Catalog:	New Catalog:

Minor Catalog Change	Old Catalog:	New Catalog:

Student Signature: _____ Date: _____

Please sign and return this form to the Registrar's Office in the Speare Admn Building

Updated 10/15/08