



1. _____
 CWID Degree or Certificate Program Current Term
2. _____
 Last Name First Name Middle Name
3. _____
 College of Charleston Email Phone Number

I request to change my catalog year to: (example 2019-2020) _____

I wish for the change to take effect beginning in the _____ semester (term and year).

Reason for change: _____

 Student Signature

 Date

 Graduate Program Director Signature

 Date

 Graduate School Dean Signature

 Date

Form should be submitted to Robyn Olejniczak (olejniczakr@cofc.edu) in the Graduate School office

GSO STAFF ONLY

Processed by: _____ Date: _____