



MARYVILLE

COLLEGE

REQUEST TO CHANGE CATALOG YEAR

Student Name: _____ Student ID Number: _____

Current Catalog Year: _____ New Catalog Year: _____

Reason for Request: _____

By signing this, the student acknowledges that they understand the ramifications of changing the catalog year, as outlined in the academic catalog.

Signature of Division Chair _____ Date _____

Signature of Division Chair _____ Date _____

Signature of Student _____ Date _____

Note: Students changing their major, including declaring a major that was unavailable in the previous catalog, should use the Major/ Minor Declaration Form.

This form must be submitted to the Office of the Registrar.

148 Fayerweather Hall
registrar@maryvillecollege.edu

For Office Use Only:

Date Processed: _____

Initial: _____

(revised 8/1/2025)