

Student Request to Change Catalogs

Date: _____

I, _____ (Mercer ID number _____)
entered Mercer University in the _____ semester of the 20____-20____ academic year.

I am formally requesting permission to follow instead the curriculum requirements outlined in the catalog of academic year 20____-20____. By doing so, I understand that I must follow all policies, rules, and requirements contained in this more recent catalog, and that my graduation requirements are no longer determined by the catalog in effect upon my entering Mercer University.

(Student's Signature)

(Advisor's Signature)

(Advisor's Name)

Form Submission Procedure:

Advisor will keep a copy of signed form for student advising file. The original form is to be submitted to the Associate Dean's Office (Administration Building, Room 102).

Approved by Associate Dean's Office

(Associate Dean's Signature)

(Date)

FOR OFFICE USE:

_____ Received by Dean's Office

_____ Copy to Registrar's Office

_____ Webclient Updated