



## Change of Term

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Original Term Applied For: \_\_\_\_\_ Change Term to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Digital or wet signature required, typed in names will not be accepted*

Office Use Only

Catalog Year: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_