



\*Registrar's Office \* Saint Louis Missouri \*  
63105-3098 \*314-862-3456\*

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**CATALOG CHANGE REQUEST**

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Student's Name

Student's ID #

Please change the catalog year of my academic program to \_\_\_\_\_  
to reflect the updated degree requirements for the Major/ Minor/ Concentration/ Certification.

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Student's signature

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Advisor's signature

Request received in Registrar's Office \_\_\_\_\_

Copy for Advisor \_\_\_\_\_

File Copy \_\_\_\_\_