**This form is intended only for current SUNY Canton students who wish to change their catalog year.**

**INSTRUCTIONS**: Please complete all requested information below (*type or print legibly*). Signed, original forms should be returned to the appropriate Dean’s Office.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | |  | | | | | | | | | **First Name** | | |  | | | | | | **MI** | |  |
| **SUNY Canton ID#**  *(9 digits: 80x-xx-xxxx)* | | | -    - | | | | | | **SUNY Canton Email** | | | @canton.edu | | | | | | | | | | |
| **Current Street Address** | | | | | |  | | | | | | | | | | **City** | |  | | | | |
| **State** |  | | | | | | **Zip** |  | | **Daytime Phone/Cell** | | | | |  | | | | | | | |
| **MAJOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **Reminder: If you have a double major, both degree types MUST be the same (e.g., 2 BS, 2 BBA, etc.)** | | | | | | | | | | | | | | | | | | | | | | |
| **Student’s Major** | | | |  | | | | | | | | | **Degree Type Major (*select one*)** | | | | **Associate:**  **AAS**  **AS**  **AA**  **AOS** | | | | | |
| **Bachelor;**  **BT**  **BS**  **BBA** | | | | | |
| **Second Major (*if applicable*)** | | | |  | | | | | | | | | **Degree Type of Second Major (*select one*)** | | | | **Associate:  AAS  AS  AA  AOS** | | | | | |
| **Bachelor;  BT  BS  BBA** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Current Catalog Year** | | | | Fall 20       (year)  Spring 20       (year) | | | | | | | | | | | | | | | | | | |
| **Requested New Catalog Year** | | | | Fall 20       (year)  Spring 20       (year) | | | | | | | | | | | | | | | | | | |
| **The change requested above is contingent upon the following conditions** *(if applicable)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | |
| **Student Signature** | | | | |  | | | | | | | | | | | | | | **Date** | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFFICIAL APPROVAL** (*Dean’s Office Use ONLY*) | | | | | | |
| **Student’s request is denied.** | | | | | | |
| **Comments** | |  | | | | |
|  | | | | | | |
| **Student’s request is approved beginning the following term:** | | | | Fall 20       (year)  Spring 20       (year) | | |
|  | | | | | | |
| **Dean Signature** | | |  | | **Date** |  |
|  | | | | | | |
| **Copies To** | Dean’s Office  Registrar (Accepted Only) | | | | | |