

Change of Catalog Year

Student ID:	Last Name:		First Name:
Phone Number:	Email:		
Student Signature:			Date:
Have you applied for Graduati If yes, what semester and yea			
 year based on the following cr The catalog year when If applicable, a studen student has remained Students may claim the Returning students who have no will lose their catalog rights and 	iteria: In they were admitted It may claim the year in In continuous attend In catalog year in effect It maintained continuin will be subject to all re	to CSUDH; or they entered a California Commance; or at the time of graduation.	nce may be able to change their catalog munity College or another CSU, if the approved for a Planned Educational Leave e catalog of the year they are readmitted. In calendar year.
I declare the	following catalog ye	ear (please include semester):
	☐ Gen	eral Education	
	☐ Majo	or Only	
	☐ Both	General Education and Ma	jor
	☐ Mine	or Only	
Department Approval (signed	l by Advisor)		
Major Change Approval:		_	
	(Name)	(Signature)	(Date)
Minor Change Approval:		_	
	(Name)	(Signature)	(Date)
	This form is to be sui	bmitted to the Registrar's Offic	e via the

following Dropbox <u>link</u> If you have any questions, please call (310) 243-3645