SOUTHERN UNIVERSITY SHREVEPORT LOUISIANA Excellence • Integrity • Accountability • Service

Registrar's Office

Request for Change of University Catalog for Degree or Certificate Requirements

Requirements for Catalog Change

Continuing students may elect a subsequent catalog when a new major is selected or when a catalog reflects a revised curriculum. The university will make a reasonable effort to honor the statement of curricular requirements in the chosen issue of the catalog. However, because courses and programs are sometimes discontinued and requirements are changed as a result of actions by accrediting associations and other external agencies, the university, having sole discretion, shall make the final determination whether or not degree requirements are met.

| Date of Request: | Gradua | tion Term: |] Fall S | Spring [| Summ | er Year | :: |
|---|----------------|------------------------|---|--------------------------|--------------------|----------------|-------------|
| Name: | SUSLA ID# 9000 | | | | | | |
| Last | First | | Middle | | | | |
| Phone: | : | SUSLA Skymail (Email): | | | @skymail.susla.edu | | |
| Major: | I | Degree: AAS _ | AGS | AS | CTS | CAS | _ TD |
| Division: Allied Health and N | | | Arts, Humanities, Social Sciences and Education | | | | |
| Business, Math, Sci | ence and T | Гесhnology | | | | | |
| I am requesting a change of catalog (academic year) catalog in order to meet completed hours toward | program i | requirements fo | r graduation. | Prior to 1 | my break i | in enrolln | nent, I had |
| I have attached a copy of my acader | nic transcı | ript and degree | plan that cor | responds t | to the requ | ested cat | alog. |
| My justification for this request is | as follow | s: | | | | | |
| Student's Signature: | | | | D | Oate: | | |
| Advisor's Signature: | | | De | | Oate: | | |
| Academic Dean's Signature: | | | | pprove enied E | Date: | | |
| NOTE: This form must be approved over five years old. | d by the V | ice Chancellor | for Academic | c Affairs i | if the requ | ested cata | alog is |
| Vice Chancellor's Signature: | | | = | pprove enied D | Date: | | |
| | | | | | Regist | rar's Office | Use Only |

3050 Martin Luther King, Jr. Drive Shreveport, Louisiana 71107 www.susla.edu Phone: (318) 670-9229 FAX: (318) 670-6344 registraroffice@susla.edu Registrar's Office Use Only

Date Processed:

Processed by: