



Office of the Registrar
8100 Hwy. 71 South
Alexandria, LA 71302
Phone: (318) 473-6424

Catalog Change Form

This form is to be completed by students who are appealing to change their catalog of record.

_____	_____
Last Name, First Name MI	LSUA Student ID #
_____	_____
Email Address	Phone Number

Catalog Year: Choose an item. (Click the drop down box to select a catalog year.)

I understand that requesting a change of catalog will change my catalog of record. This means that I may fall under different curriculum requirements for the **new or current** program.

Please Note: Catalog updates are only effective for the Fall Term and are only allowed for the current catalog. A student **cannot** request to return to a prior catalog.

Student Signature

Date

Advisor/Dept. Representative Signature

Date

Registrar's Office

Date