

Request to Change Catalog

Mail: UNC at Pembroke Office of the Registrar

P.O. Box 1510

Pembroke, NC, 28372

OR: **Fax:** 910-521-6328

UNCP ID	8	4	0							Have you applied graduation?	for	Yes		No
I,, on this date, request the Office of the Registrar to change my academic catalog year. I am aware I must follow one catalog only to meet academic requirements. I also understand that I cannot return to a previous catalog.														
Old Catalog:										New Catalog:				
Major:										Concentration:				
Minor:														
Signature:														
Policies: • Meet the requirements of one catalog which were current at the time the student entered this institution or a subsequent catalog. Students will not be allowed to meet some of the requirements of one catalog and some of the requirements of another catalog;														
or														
• Meet the requirements of the catalog in effect at time of readmission or those of a subsequent catalog if attendance is interrupted for more than one year (two semesters);														
This form ca	an b	e pr	inte	ed a	nd fa	axec	l to			ce of the Registrar Use Only	at 910-521-63	28		
Date Received										Receiving staff initials				