**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.

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| **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** |       |

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| **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)  |