

<b>REQUEST TO CHANGE CATALOG YEAR</b>	
J. CRAYTON PRUITT FAMILY DEPARTMENT OF BIOMEDICAL ENGINEERING	
Name:	
UFID:	
DEGREE (PhD or MS?):	
Current catalog year:	Desired catalog year:
Student signature:	Date:

\*I understand that by submitting this form, I will fulfill the requirements of the new catalog year and that I cannot request to revert to my original catalog year.