



UNIVERSITY OF MINNESOTA
ROCHESTER
 Driven to DiscoverSM

RETURN FORM:
 UMR Registrar
 111 S. Broadway, Suite 300
 Rochester, MN 55904

QUESTIONS?
 Phone: (507) 258-8023
 Email: umrregistrar@r.umn.edu

CATALOG YEAR CHANGE REQUEST

NAME: _____
 (Last) (First) (Middle Initial)

STUDENT ID NUMBER: _____ DATE: _____

EMAIL ADDRESS: _____ CURRENT CATALOG YEAR: _____

STUDENT SUCCESS COACH: _____

You must be currently enrolled as a degree-seeking student at the University of Minnesota Rochester. University policy regarding catalog requirements is based on your enrollment status. You may request to complete the catalog degree requirements in effect at any time from your initial date of enrollment if:

- **You have been continuously enrolled since your admission**
- **You have been inactive for one year or less or on an approved leave of absence**

NEW CATALOG YEAR REQUEST (Please choose one):

Note: Please review all policies and procedures for the catalog year you are requesting before submitting this form: <http://www.catalogs.umn.edu/rochester/index.html>

I understand that by changing catalogs, I am subject to ALL UMR policies and procedures set forth in the requested catalog. I understand that the requirements for my Major and/or Sub-Plan may change as a result of changing catalogs, and I am aware I will be required to meet the requirements set forth by the catalog I have requested.

STUDENT SIGNATURE: _____ DATE: _____

COACH SIGNATURE: _____ DATE: _____

Office Use Only:
 Processed By: _____ Processed Date: _____