

NEW MEXICO TECH – Catalog Change Form

Name _____ ID# _____ Semester _____ 20____
(Last) (First)

Email Address _____

Major 1 _____ Major 2 _____

Current Catalog _____

I request my catalog to be changed to the following: _____

Advisor _____
(Signature Required) (Date)

Student _____
(Signature Required) (Date)

Please return completed form to the Office of the Registrar.