

Request to Change Catalog

Office of the Registrar

P. O. Box 7001
Longview, TX 75607-7001
903-233-4370
Fax: 903-233-4303
registrar@letu.edu
www.letu.edu/registrar

Name: _____ ID#: _____ Date: _____

CPO#: _____ Major: _____ Planned Graduation Date: _____

*Students in **continuous enrollment** must meet the degree requirements of the catalog in effect when they entered the University, unless arrangements have been made with the dean of the school and Office of the Registrar to graduate under a later catalog. Students returning after discontinuing studies for two or more semesters will come under the new requirements of the newest LeTourneau University Catalog.*

Requested Catalog: _____

Approvals:

Signature of Student

Date

Signature of Department Chair

Date

University Registrar

Date

Recorded by

Date

Student & Advisor emailed