

LENOIR-RHYNE UNIVERSITY

Catalog Year Change Request

Student ID #: _____

Date: _____

Student Name:

Last

First

Middle Initial

Current Catalog Year (typically the year you entered LR): _____

Request to change to Catalog Year: _____

With my signature below, I understand that I must meet all requirements, both General Education and Major/Minor, of the new Catalog.

Student Signature: _____

Please forward this document to your Academic Advisor for their approval.

Advisor Signature: _____

**Advisors, please email the completed document to Registrar@lr.edu.*