

# 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.**