



CHANGE OF CATALOG FORM

DIRECTIONS

Return the completed form to the Office of the Registrar. Note that the choice of catalog impacts your degree requirements. Students are strongly encouraged to make and keep a copy of each form submitted to the Registrar's Office.

STUDENT INFORMATION

First Name _____ Middle name _____ Last Name _____

ID Number A000 _____ AUN E-mail _____@aun.edu.ng

Mobile Numbers i _____ ii. _____

Major _____ Minor _____ Concentration _____

DECLARATION OF CATALOG

Current Catalog Year (e.g. 2011 – 2012) _____

New Catalog Year (e.g. 2012 – 2014) _____

Student's Signature _____ Date _____

AUTHORIZATION

Academic Advisors' Signature _____ Date _____

Program Chair Signature _____ Date _____

FOR OFFICIAL USE ONLY

Changes recorded by Registrar's Office Name _____ Date _____