



Doctoral Catalog Change Request

Student's Name: _____ Banner ID: _____ Program: _____

Current Catalog Year _____ New Catalog Year _____

Date of Comprehensive Examination: _____

Doctoral students who request to change to a newer catalog and the 10 year degree time limit must also adhere to any course or policy changes including continuous enrollment. Unless on an approved leave of absence, doctoral students must remain continuously enrolled in each long semester. Unapproved leaves of absence may result in the student being required to re-apply to the program.

I acknowledge I have read and understand this statement.

Student [Signature] Type Name Dept. Date

Approved by:

Faculty Advisor [Signature] Type Name Dept. Date

Program Coordinator/ Dept. Chair [Signature] Type Name Dept. Date

College Dean [Signature] Type Name Dept. Date

NOTE: A student who has advanced to candidacy within 5 years of entering the doctoral program may petition to change to a later catalog and the 10 year time limit to degree. Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Contact CGS with questions 361.825.2174

For CGS Use Only:

____ Data entered on spreadsheet (Initials only) _____ Date
____ Dean, CGS (Initials Only) _____ Date
____ Scanned into Laserfiche _____ Date
____ Informed Academic Advisor _____ Date

03/2018

Form L