Farmingdale State College
State University of New York

Change of Catalog Year Request Form

Complete this form if any of the following apply:

1. Your curriculum department has changed or updated program requirements, and you are requesting to follow the **newly implemented** requirements.

2. You have been absent from the college for one year or more and are being readmitted under the catalog year in effect at the time of your return but wish to follow the requirements from the catalog year in which you were originally admitted.

Important:
This form cannot be used to change the catalog year for a curriculum program you are newly admitted into or wish to change into. If you have changed your curriculum program, you are required to follow the catalog year corresponding to the academic year in which the change was made.

Please note: **You must consult with an advisor before committing to this change.** You should complete a "What-If" analysis in Degree Works and compare the results to your current program requirements.
Once this form has been processed, your new requirements will be reflected in Degree Works, and a "What-If" analysis will no longer be necessary. Please note that once your catalog year has been changed, **you are required** to fulfill all requirements outlined in the College Catalog for the year in which the change is made. Your academic progress will be evaluated based on these new requirements. This decision is final and cannot be reversed.

TO BE COMPLETED BY STUDENT

By signing below, I affirm that I understand I am required to complete the course requirements outlined in the College Catalog for the academic year I have elected to follow.

RAM ID#: _____ Date: _____

Print Name: _____

Signature: _____

TO BE COMPLETED BY THE DEPARTMENT CHAIRPERSON/PROGRAM COORDINATOR

Student's Major: _____ Current Catalog Year: _____

Degree Works % for current catalog year: _____

New Catalog Year:_____

Degree Works % for updated catalog year. Percentage copied from a What-if Analysis: _____

_____ **Date:** _____
Department Chairperson/Program Coordinator Signature

This form must be submitted to the Registrar's Office for processing, Laffin Hall Room 225, Mon-Fri 8:30am to 4:30-pm ***or emailed to regoffice@farmingdale.edu***