



CATALOG SELECTION PETITION FORM

TOWSON UNIVERSITY
Office of the Registrar/Academic Standards Committee
8000 York Road
Towson, Maryland 21252-0001
Phone: 410-704-4351 Fax: 410-704-6393

Please return completed form to the Office of the Registrar, Enrollment Services Center, Room 288.

Section 1: (Student completes)

TU Student ID: _____

Full Name: _____
Last First M. I.

Address: _____
Street City State Zip code

Phone: _____ **TU E-Mail Address:** _____

Work/Cell Phone: _____ **Social Security #:** _____

Catalog Change

I am a degree-seeking candidate at Towson University, previously following the _____ catalog. After consulting with my advisor, I wish to select the _____ catalog. I understand that this catalog will be in effect for ten years from its original publication, and that I will be able to complete my undergraduate degree before this catalog expires. I realize that selecting this catalog may nullify some or all of the advising I have received prior to the change. I realize that this change may require me to complete additional or alternate course work toward my degree.

Student's Signature: _____ **Date:** _____

Chairperson's Signature: _____ **Date:** _____

Section 2: (Administrators Complete)

Academic Standards Action: Request Approved Request Denied

Comments: _____

Authorization: _____ **Date:** _____