



Doctoral Catalog Change Request

Select a Program: _____

Student's Name: _____ Banner ID: _____

Current Catalog Year

New Catalog Year

Date of Comprehensive Examination

Doctoral students who request to change to a newer catalog and the ten (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

Student's Email

Approved by:

Academic Advisor Signature

Type Name

Faculty Advisor Signature

Type Name

Department

Program Coordinator Signature

Type Name

Department

Department Chair Signature

Type Name

Department

College Dean Signature

Type Name

Complete this form. Upload to [CGS website](#) to be routed for signatures. Contact CGS with questions 361.825.2174.

For College of Graduate Studies Use Only:

CGS Approval _____

Entered in Banner _____

Entered on Spreadsheet _____