

Graduate Student Change of Area of Concentration & Change of Catalog Applicability Form

First Name: Last Name: , ' 1 X P E H U:

NKU e-mail address: Current Degree Program:

Current Concentration:

Changing Catalog of Record only  Changing Area of & R Q F H Q W U D W L R Q

Year of current catalog of record ( V S U D Q J X P P H e considered part of the previous academic year catalog, i.e., the 201 -201 catalog is for fall 201 and spring & summer 201 ).

Year of new catalog of record

I understand the implications of a change in catalog and area of concentration and agree to adhere to the policies and requirements of the newly declared catalog.

Student Name:

Date:

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