



800 Wheatley Street, Americus, GA 31709-4379

## GSW GRADUATION CATALOG TERM CHANGE

Date Submitted: \_\_\_\_\_

gswID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Graduation Term/Year: \_\_\_\_\_

Catalog Term/Year: \_\_\_\_\_

\* Requested Catalog Term/Year: \_\_\_\_\_

\*NOTE: Students changing to a new catalog term will be required to meet all graduation/curriculum requirements as listed on the curriculum sheet for that year.

Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

This form must be submitted to the Registrar's Office for processing.