



CHANGE OF CATALOG FORM

Student Name _____ Date _____

DECLARATION OF CATALOG YEAR:

(Student catalogs are determined by entrance semester. Students may only move to newer catalog years.)

Students Current Catalog Year _____ New Catalog Year to be applied _____

DECLARATION OF DEGREE* ☐ Bachelor of Arts ☐ Bachelor of General Studies ☐ Bachelor of Science

*Degree is determined by Primary Major

DECLARATION MAJOR/MINOR/ADVISOR (List all majors & minors even if previously declared)

Primary Major1 _____ Major2 _____ Major3 _____

Minor1 _____ Minor2 _____ Minor3 _____

Are you pursuing Pre-Nursing? Yes or No

Are you pursuing Education Licensure? Yes or No

Are you pursuing a Pre professional specialization? If yes, please circle Law Medical Science Pharmacy Physical Therapy Veterinary

Advisors: By signing below, you certify that this student has been informed of major or minor requirements or other pertinent academic policies in the catalog edition noted above.

Advisor Name: _____ Is this a change of Advisor? Y or N

Advisor Signature: _____

Student: I understand that I must follow all major and minor requirements from the new catalog year declared. I also understand that once I declare a new catalog I cannot move back to an earlier addition.

Return completed form to University of the Ozarks or email to registrars@ozarks.edu.

Student Signature: _____

For office use only

_____ Colleague updated

_____ Email Sent (initial/date)