

## **CHANGE BULLETIN REQUEST**

Student Name:		UC-ID #:
Class:	Major:	Date:
Anticipated Graduation Date Month:		Year:
Bulletin under which you	intend to graduate 20	- 20
during that time of residence.	ous residence may meet the require Students discontinuing residence le irements in a bulletin valid after th	onger than two consecutive
completed under the same bulle	degree (i.e. major, general education tin requirements. **	
SNATURES:		
Student Print:	Signature:	Date:
Advisor Print:	Signature:	Date:
Program Dir. Print:	Signature:	Date:
Notes:		
	Records Only:	
	By: D	

Union College Records Office | Dick Building 507 | 3800 S 48<sup>th</sup> Street, Lincoln, NE 68506 Phone: (402) 486-2529 | <u>records@ucollege.edu</u>