

Office of the Registrar 333 S. Twin Oaks Road, Craven 3900 San Marcos, CA 92096 Phone: 760-75-4814 Fax: 760-750-3700

ELECTION OF CATALOG RIGHTS

Submit completed form to the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as a scanned email attachment to registrar@csusm.edu (emailed form must come from your CSUSM email account)

Student Name: Last	Fire	st Student ID:
SUSM email:	@cougars.csusm.edu Phone Number:	
Please review the Catalog nformation.	Rights page at http://w	vww.csusm.edu/enroll/catalogrights for more
SELECT CATALOG TERM	I(S) TO BE CHANGED	(CHECK ALL THAT APPLY):
☐ General Education	Term:	Option: (pick from list)
□ Major	Term:	Option: (pick from list)
Major description (e.g. Crimin	al Justice Studies)	
☐ Minor	Term:	Option: (pick from list)
Minor description (e.g. Music)		
☐ University	Term:	Option: (pick from list)
understand my catalog rig	hts, as described in uni	siderable impact on graduation requirements, and iversity policy and on the Registrar's website.
J ,,	•	nt Report (ARR) 7-10 business days from the receipt of this ocess your request, we will contact you through your
or Office of the Registrar Us	e Only:	
Date Processed:	Staff Initials	Date Emailed if unable to process request