

UNIVERSITY CATALOG
CHANGE REQUEST FORM

Requestor:

Name:	Date:
Extension:	CSU Email Address:

Originating Unit and Division of Request:

Unit/ Department:	Division:
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Change Requested

For minor changes, please include the text in the box below. For lengthy requests, please complete this form and electronically submit the documentation in a word document.

PLEASE NOTE THAT ALL CHANGES TO ANY UNIVERSITY POLICIES MUST BE PROPERLY APPROVED BEFORE THEY WILL BE UPLOADED.

Required Signatures:

_____	Requestor	_____	Date
_____	Director/Chairperson	_____	Date
_____	Dean/AVP	_____	Date
_____	Vice President	_____	Date

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