

DIRECTIONS

Return the completed form to the Office of the Registrar. Note that the choice of catalog impacts your degree requirements. Students are strongly encouraged to make and keep a copy of each form submitted to the Registrar's Office.

STUDENT INFORMATION

First Name _____ Middle name _____ Last Name _____

ID Number A000 _____ AUN E-mail _____@aun.edu.ng

Mobile Numbers i _____ ii. _____

Major _____ Minor _____ Concentration _____

DECLARATION OF CATALOG

Current Catalog Year (e.g. 2011 - 2012) _____

New Catalog Year (e.g. 2012 - 2014) _____

Student's Signature _____ Date _____

AUTHORIZATION

Academic Advisors' Signature _____ Date _____

Program Chair Signature _____ Date _____

FOR OFFICIAL USE ONLY

Changes recorded by Registrar's Office Name _____ Date _____