



UNIVERSITY OF
SOUTH DAKOTA

OFFICE OF THE REGISTRAR

Undergraduate Change of Catalog Form

Please write your name as it correspond with your official records.

All fields are required unless otherwise indicated.

**STUDENT
NAME** _____

STUDENT ID# _____

CURRENT CATALOGUE _____

NEW CATALOGUE _____

EXPECTED SEMESTER/YEAR OF GRADUATION _____ **TODAY'S DATE** _____

Are you graduating from the honors program? _____ **Yes** _____ **No** _____

Do you participate in intercollegiate athletics (Division I) ? _____ **Yes** _____ **No** _____

I am completing the following degree:

College of Arts & Sciences

- ____ Bachelor of Arts
- ____ Bachelor of Science
- ____ Bachelor of General Studies
- ____ Bachelor of Liberal Studies
- ____ Associate of Arts

School of Business

- ____ Bachelor of Business Administration
- ____ Check if you are in the joint
BBA/MPA program

School of Education

- ____ Bachelor of Science in Education
- ____ Bachelor of Recreation
- ____ Bachelor of Science

College of Fine Arts

- ____ Bachelor of Fine Arts
- ____ Bachelor of Music
- ____ Bachelor of Musical Arts

College of Health Sciences

- ____ Bachelor of Arts
- ____ Bachelor of Science
- ____ Bachelor of Science in Medical Technology (CLS)
- ____ Bachelor of Science in Nursing
- ____ Associate of Science

My Major/Minor:

MAJOR(S) _____

Specialization/Emphasis/Track: _____

Minor(s) _____

Signature: _____

**Degree Audits reflecting the catalogue change
will be e-mailed to your USD e-mail account.**

FOR OFFICE USE ONLY:

Completed Hours _____ GPA Hours _____

Grade Points _____ FinalGPA _____