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## CHANGE OF CATALOG YEAR ACKNOWLEDGEMENT

A \_\_\_\_\_, \_\_\_\_\_  
Student ID# Last Name First Name MI

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Academic Program: \_\_\_\_\_

I have reviewed the current and revised program of study for my academic program listed above.  
I have decided to: \_\_\_\_\_ Stay with the catalog year on my record now, which is: \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Follow the revised program of study in the \_\_\_\_\_ - \_\_\_\_\_ catalog

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completely filled out and signed form to: [RVCCRegistrar@ccsnh.edu](mailto:RVCCRegistrar@ccsnh.edu)  
You may also fax it to: (603) 543-1844 or Mail it to: RVCC, Attn: Registrar's Office, 1 College Place, Claremont, NH, 03743

### Registrar's Office Use Only

Notes: