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CHANGE OF CATALOG YEAR ACKNOWLEDGEMENT

A _____, _____
Student ID# Last Name First Name MI

Email Address: _____

Telephone #: _____ Academic Program: _____

I am working towards an Associate in Art or Science: ___ or a Certificate: ___ in this 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
Semester and Year

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Please email this completely filled out and signed form to: 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: