



Authorization to Change Requirement Term

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

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Name _____ Student ID _____

Address _____ Date _____

Major _____ Anticipated Term of Graduation _____

Degree _____ Requirement Term at Last Enrollment _____

If you have a primary and secondary major, should both requirement terms be changed? ☐ Yes ☐ No

CHECK EITHER (A) OR (B) AND SIGN IN THE APPROPRIATE SPACE

_____ (A) AUTHORIZATION TO CHANGE TO A NEWER REQUIREMENT TERM

I understand that the action of the Faculty Senate on April 26, 1990 permits me to complete degree requirements in effect at the time of my initial enrollment at a university or community college. Also, I understand that I may elect to graduate under a more recent requirement term. I am exercising my option to change to a newer requirement term for my graduation requirements.

Change Requirement Term From _____ To _____

Student Signature Date

_____ (B) PETITION TO REMAIN UNDER THE ORIGINAL REQUIREMENT TERM

Students readmitted after an interruption of enrollment of two consecutive semesters must meet the degree requirements in effect at the time of readmission. In addition, non-enrolled students who intend to complete the degree requirements by transferring work from another institution or through correspondence courses must do so within a year of leaving Missouri S&T. Students who exceed this time limitation must meet the degree requirements in effect at the time of graduation.

As permitted by Faculty Senate regulations, I am petitioning the department chair to continue with the catalog in effect at the time of my last enrollment on the basis of extenuating circumstances.

Reasons: _____

Student Signature Date

_____ Approved _____
_____ Denied _____
Department Chair Signature
[Required for Part B Only] Date