Petition to Change Class Year
(Undergraduate Students)

Please complete and return to the SED Student Records Office, room 115, for processing.

Name ____________________________________________________________

Program: __________________________________ Current Date of Graduation: ___________________________

BU ID: __________________________________ Advisor: _____________________________________________

Phone: ___________________________ Email: _____________________________

Semester and year you entered SED ______________________________

Current year status (select one): First Year Sophomore Junior Senior

Correct year status (select one): First Year Sophomore Junior Senior

Expected date of graduation: January May September 20_______

Reason for change:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

____________________________________  _____________
Student Signature Date

____________________________________  _____________
Academic Advisor Signature Date

ALL STUDENTS: ATTACH A COPY OF YOUR DEGREE ADVICE FROM THE STUDENTLINK