



CHANGE OF BULLETIN YEAR

NAME: _____ SS#: _____

MAJOR: _____ DESIRED BULLETIN YEAR: _____

REASON FOR CHANGE: _____

ADVISOR SIGNATURE: _____

STUDENT SIGNATURE: _____

Mail or Fax Completed form to:

Registrar
Long Island University
121 Speonk Riverhead Road LIU Bldg.
Riverhead, NY 11901

Fax: (631) 287-8125