

Blinn College Catalog Revision Request Form

Date: _____

Complete and submit to: Deborah Noe

Name: _____

Phone/Email: _____

Supervisor: _____

Vice President: _____

Catalog Section to be revised:

- | | | |
|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Cover Pages | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Degrees and Certificates |
| <input type="checkbox"/> Table of Contents | <input type="checkbox"/> College Expenses | <input type="checkbox"/> Course Descriptions |
| <input type="checkbox"/> General Information | <input type="checkbox"/> Student Activities | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Admissions, Records & Financial Aid | <input type="checkbox"/> Academic Regulations | |

Catalog Subsection Name/Title: _____

**Suggested revision(s): Print current version of catalog section/
subsection and mark revisions as follows:**

Strike thru AND highlight language to be deleted and/or highlight language to be added

Justification for revision(s): _____

Effective date of revisions(s): _____

*Catalog can be found at <http://www.blinn.edu/CatalogPDF/index.htm>.
You may be contacted to clarify your request. Suggestions may be altered to conform to college district language. Extensive revisions may require submitting an electronic version of revision(s). Contact [Deborah Noe](#) at 979-209-7377 for assistance.*

Supervisor (SIGN): _____ Vice President (SIGN): _____

Date signed: _____ Date signed: _____