



# Change of Enrollment Request

Student's Name \_\_\_\_\_ CWID \_\_\_\_\_

Program of Study \_\_\_\_\_ Semester \_\_\_\_\_ Date of Request \_\_\_\_\_

Note: If this is a complete withdrawal from school a Withdrawal Form must be completed and submitted to the Registrar's Office.

COURSES TO DROP								
Course Prefix	Course Number	Section Number	Course Name	Days	Time	Please Initial Below:		
						Student	Dept	Admissions

COURSES TO ADD								
Course Prefix	Course Number	Section Number	Course Name	Days	Time	Please Initial Below:		
						Student	Dept	Admissions

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Advisor: \_\_\_\_\_

Change of Major/Program of Study
Request for change of Major/Program of Study for the _____ Semester.
Current Major/POS: _____ Advisor: _____
New Major/POS: _____ Advisor: _____

Student's Agreement
I understand that it is my responsibility to notify the appropriate departments on campus when adjusting my class schedule or changing my program of study. This could include but not limited to the Academic Department, Student Financial Services, and Residential Life.
_____
Student's Signature _____ Date _____