



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	Registrar

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

Comments: _____

_____ Advisor: _____

Change of Major/Program of Study	
Request for change of Major/Program of Study for the _____ Semester.	<i>(If you receive Financial Aid, change may not take affect until next semester)</i>
Keep Delete Current Major/POS: _____	Advisor: _____
1st Major 2nd Major New Major/POS: _____	Advisor: _____
Add Concentration New Concentration: _____	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, Veteran Services, and Residential Life.	
_____	_____
Student's Signature	Date