# **KANSAS WESLEYAN UNIVERSITY**

Office of the Registrar PH285, 100 E. Claflin, Salina, KS 67401

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# **CHANGE OF INFORMATION**

Full Name:

Student ID:

(Current Name in KWU records – Please Print)

## PLEASE READ CAREFULLY AND CHECK THE APPROPRIATE BOX(ES). FILL IN ALL INFORMATION THAT IS APPLICABLE.

#### □ CHANGE OF MAJOR

A = Add D = Drop	
D = Drop	Major

### □ CHANGE OF MINOR

A = Add D = Drop	Minor
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CHANGE OF ADVISOR (*New advisor* must sign below)

My advisor is currently listed as:

Please change my advisor to:

#### □ CHANGE OF CATALOG

Please review your degree requirements under both catalogs before officially changing your catalog - student may switch to a more recent catalog for their degree requirements, but cannot switch to older catalogs and cannot switch back after a newer catalog has been declared.

	My current catalog of record is:								
	(Academic Year, e.g. 2014-15)								
	Please update my catalog to:								
(Academic Year, e.g. 2014-15)									
С СН/	ANGE OF EXPECTED GRADUATION DATE								
	Please update my expected graduation date to:	🗆 Fall	Spring	🗆 Summer	Year:				
Student	Signature	Date:							
Advisor Signature				Date:					