

KANSAS WESLEYAN UNIVERSITY

Office of the Registrar | Student Services Suite, PH285 | 100 E. Claflin, Salina, KS 67401

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Enrollment Change Request Form

Last Name: _____ First Name: _____ M.I. _____ KWU ID # _____

Semester: _____ Year: _____

<i>A = Add D = Drop</i>	<i>Course Number</i>	<i>Section</i>	<i>Course Title</i>	<i>Credits</i>	<i>Instructor</i>

I understand that I must be enrolled in a minimum of 12 credit hours to maintain full-time student status, that I am responsible for my academic progress and athletic eligibility, and that changes to my enrollment may affect my athletic eligibility and/or financial aid.

Student Signature: _____ Date: _____

By signing below, I am confirming that I have reviewed this request and how it will affect the student's degree plan and:

- I approve of this change in enrollment, or
- I am granting approval for this change to the student's enrollment against my advice.

Advisor Signature: _____ Date: _____

(Required if student is degree-seeking)

By signing below, I am confirming that the above listed student has met with me as their coach and we have discussed the implications this add or drop will have on their athletic eligibility for the current term and for future terms.

Coach Signature: _____ Date: _____

(Required if student is an athlete)

Comments: _____

Office Use: Initials _____ Date _____