

Application for Change of School

Applies to: Lawrence Campus undergraduate students

Purpose: This form is used to apply for a change of school. Students submit this form to the Dean's Office of the school to which the student is applying.

1. When would you like the change to be effective? (Check ONE only):

Fall semester _____ (year) Spring semester _____ (year) Summer session _____ (year)

2. _____
 Last Name First Name MI Student Number Phone Number

3. _____
 Current Address Apt./Room # City State Zip Student Email Address

4. In what school(s) are you enrolled? _____

5. In what school(s) do you propose to enroll? _____

6. Proposed plan: _____ Proposed degree: (ex: BA, BGS, BS, BFA) _____

Proposed sub-plan: _____

*Do you have a Pre-Professional designation that you would like to retain on your record? Yes No

(Refer to the undergraduate catalog, www.ku.edu/academics/, for a listing of Undergraduate Fields of Study. List majors for dual schools if applicable.)

7. Do you want dual enrollment? Yes No If "Yes," in which schools? _____

8. I have read and understand the consequences of requesting a change of school. By completing this form I am requesting this change be applied to my enrollment at the University of Kansas.

 Student Signature Date

<i>To be completed by the Dean or Dean's Representative only:</i>	
<input type="checkbox"/> Admit <input type="checkbox"/> Admit on probation <input type="checkbox"/> Deny (Reason): _____	
Plan code: _____ Sub-plan code: _____	
_____ Signature of Dean or Dean's Representative	_____ Date
Name and phone number of person signing this form: _____	

Forms for admitted students, SUBMIT TO:
The University of Kansas
Office of the University Registrar
KU Visitor Center
1502 Iowa St.
Lawrence, KS 66045
Phone: 785-864-4423
Fax: 785-864-3900
Email: studentrecords@ku.edu

<i>For Registrar's Office use only:</i>	
Date completed: _____	
By: _____	