

Application for Change of School

Applies to: Lawrence Campus 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 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 major _____ Proposed degree _____

(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

8. If "Yes," in which schools? _____

9. 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

To be completed by the Dean or Dean's Representative only:

Admit Admit on probation Deny (Reason): _____

 Signature of Dean or Dean's Representative

 Date

Forms for admitted students, SUBMIT TO:
The University of Kansas
Office of the University Registrar
1450 Jayhawk Blvd
Rm 121 Strong Hall
Lawrence, KS 66045-7535
Phone: 785-864-4423
Fax: 785-864-3900
Email: studentrecords@ku.edu

For Registrar's Office use only:

Date completed: _____

By: _____