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

For Registrar’s Office use only:
   Date completed: _________________
   By: ____________________________

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

Revised: December 1, 2011