

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) First Name Last Name Student Number Phone Number Current Address City State 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? \square Yes \square 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: For Registrar's Office use only: The University of Kansas

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