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       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: __________________________

(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): __________________________

   Plan code: __________________________ Sub-plan code: __________________________

   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: _______________________

Revised: November 1, 2013