

## **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.

	☐ 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 Add	dress
4. In wha	at school(s) are you enrolled	ed?					X00
5. In wha	at school(s) do you propos	e to enroll?					
6. Propos	sed plan:			Proposed	d degree: (ex: I	BA, BGS, BS, BFA)	
	sed sub-plan:				1971 (00)		
	have a Pre-Professional o			l like to re	etain on vour re	ecord?	
п аррпсас	the undergraduate catalog, wole.)						
8. I have this chan	u want dual enrollment?  read and understand the c ge be applied to my enrol  Student Signature  To be completed by the De	onsequences of lment at the Un	f requesting iversity of l Date	a change Kansas.			
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Revised: May 6, 2015