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:
   *Do you have a Pre-Professional designation that you would like to retain on your record?  □ Yes  □ No

(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  If “Yes,” in which schools? __________________________

8. 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

Name and phone number of person signing this form: __________________________

For Registrar’s Office use only:

Date completed: __________________________

By: __________________________

Revised: May 6, 2015