

# 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                      Apt./Room #                      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/](http://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

<i>To be completed by the Dean or Dean's Representative only:</i>	
<input type="checkbox"/> Admit <input type="checkbox"/> Admit on probation <input type="checkbox"/> Deny (Reason): _____	
Plan code: _____ Sub-plan code: _____	
_____ Signature of Dean or Dean's Representative	_____ Date
Name and phone number of person signing this form: _____	

**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](mailto:studentrecords@ku.edu)**

<i>For Registrar's Office use only:</i>	
Date completed: _____	
By: _____	