

KANSAS WESLEYAN UNIVERSITY

Enrollment and Financial Services, PH285, 100 E. Claflin, Salina, KS 67401

Telephone: (800) 874-1154 or (785) 827-5541, ext. 1260 FAX: (785) 404-1485 E-mail: kwu.edu

DROP/ADD FORM

Last Name _____ **First Name** _____ **M.I.** _____ **KWU ID # or SS #** _____

Please change my schedule as follows: Fall Spring Summer Circle one: 2008 2009 2010

ADD the following classes(es):

Course #	Sec	Course Title	Hrs	Instructor

DROP the following class(es):

Course #	Sec#	Course Title	Hrs	Instructor	Attended Class	
					Yes	No

I understand that I must be enrolled in a minimum of 12 credit hours to maintain full-time student status.

Student Signature _____ **Date:** _____

Advisor Signature _____ **Date:** _____

(Required if student is degree-seeking)

Office Use: Init. _____ Date _____

(Revised 2/09)