



Request for Change in Enrollment Status

Office of the Registrar

Students wishing to change their enrollment status at any time after acceptance to WJC must complete and submit this form for department chair approval.

Student ID #: _____

Student Name: _____

Current Enrollment Status: Full time Part time

Request Change Effective: Fall Spring Summer Year: 20____

Request Change To: Full time Part time

Reason for Request:

Print Student Name

Date

Print Advisor Name

Date

Print Dept. Chair Name

Date

Comments: _____