



## 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:

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair Signature*

\_\_\_\_\_  
*Date*

Comments: \_\_\_\_\_

**Submit to Registrar's Office**