



## 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**

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