



## CHANGE OF ENROLLMENT FORM

**ACTION ITEMS:**

1. Complete form.
2. Please save the completed form as a PDF using filename:  
[Term].[COE].[Course Number].[Your first and last name]. (ex: 2021SP.COE.IDS-1400.Joe Learner)
3. Email the form to registrar@sksm.edu and cc: faculty.  
The registrar will obtain the necessary signatures and make the appropriate changes to the student record.

Student Name: \_\_\_\_\_

Student Legal Name (if different): \_\_\_\_\_

Course Term/Year: \_\_\_\_\_

Advisor: \_\_\_\_\_

**ADD COURSE**

Name of Course: \_\_\_\_\_

Course #: \_\_\_\_\_

Grade Option:      Pass/Fail      Letter Grade

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DROP COURSE**

Name of Course: \_\_\_\_\_

Course #: \_\_\_\_\_

Grade Option:      Pass/Fail      Letter Grade

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTION CHANGE**

Name of Course: \_\_\_\_\_

Course #: \_\_\_\_\_

Grade Option:      Pass/Fail      Letter Grade

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURES**

1. Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

2. Dean of the Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

3. Student Accts Mgr.: \_\_\_\_\_

Date: \_\_\_\_\_

4. Registrar: \_\_\_\_\_

Date: \_\_\_\_\_