PTS Change of Enrollment

Last Name	First Name	Middle Initial	Student ID #
Address	City, State	Zip	Telephone #

Degree Program: _____ ❑ Fall ❑ Spring ❑ Sum Module I ❑ Sum Module II o Sum DMin

	Course/Section #	Course Title	Cr Hrs	Instructor Signature
D				
R				
O				
P				

Change of enrollment is official only when signatures of instructor(s), adviser, and student are obtained.

	Course/Section #	Course Title	Cr Hrs	Instructor Signature	Time	M	T	W	T	F	S	Room
A												
D												
D												

Adviser Signature and Date

Student Signature and Date