



APPLICATION FOR CHANGE OF ENROLLMENT(ACE)

I hereby apply for a change in my enrollment this:

- First Semester, School Year _____ - _____
- Second Semester, School Year _____ - _____
- Summer, School Year _____ - _____

for the following reasons: _____

Please check the appropriate box.

A. Course/s /Schedule to be **CHANGED**

FROM:

YEAR AND SECTION	CODE	COURSE TITLE	UNIT	FACULTY SIGNATURE RELEASED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TO:

YEAR AND SECTION	CODE	COURSE TITLE	UNIT	FACULTY SIGNATURE ACCEPTED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Course/s /Schedule to be **DROPPED**

YEAR AND SECTION	CODE	COURSE TITLE	UNIT	FACULTY SIGNATURE RELEASED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Course/s /Schedule to be **ADDED**

YEAR AND SECTION	CODE	COURSE TITLE	UNIT	FACULTY SIGNATURE ACCEPTED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No. of units originally enrolled in based on registration certificate : _____
 No. of units added : _____
 Total No. of units enrolled : _____

APPROVED BY:	
_____	_____
Program Chair/Executive Director	Date
ACKNOWLEDGED BY:	
_____	_____
Signature over printed name	Date

SIGNATURE OVER PRINTED NAME

Student No.: _____
 Program: _____