



Lindsey Wilson College

Request to Change Campus

Student Information:

Student ID Number/SSN: _____ Student Name: _____

Current Advisor: _____

Please select effective semester: Fall of ____ Spring of ____ Summer of ____ (*Current semester **is not** applicable*)

Current Major: _____

New Major (*Must be applicable to new campus*): _____

Current Campus:

(If selecting 'Community Campus', write which campus to the right of the 'Community Campus' option.)

Main
 Online
 Community Campus (_____)

New Campus:

Main
 Online
 Community Campus (_____)

Campus changes to or from the main campus will impact financial aid awards. If this campus change pertains to you, the office of Financial Aid must sign below before any change is completed.

(Student Signature) (Date)

(Financial Aid Office) (Date)

*****Please be aware that changing campuses may delay expected graduation date.*****

By signing below, I hereby give my permission for the Registrar's Office to change my campus.

(Student Signature) (Date)

****Return completed form to the Registrar's Office****

Registrar's Office: _____

Date: _____