



Change of Enrollment Request

Office of the Registrar
2170 Raven Circle
Okmulgee, OK 74447
(918) 549-2820
Fax: (918) 759-6941
mtwyner@cmn.edu

Student's Name _____ SID _____

Program of Study _____ Trimester _____ Date of Request _____

Note: If this is a complete withdrawal from school a Withdrawal Form must be completed and submitted to the Registrar's Office.

COURSES TO DROP								
Course Prefix	Course Number	Section Number	Course Name	Days	Time	Please Initial Below:		
						Student	Dept	Registrar

COURSES TO ADD								
Course Prefix	Course Number	Section Number	Course Name	Days	Time	Please Initial Below:		
						Student	Dept	Registrar

Comments: _____

_____ Advisor: _____

Change of Major/Program of Study/Declaration of Specialization
Request for change of Major/Program of Study for the _____ trimester.
Current Major/POS: _____ Advisor: _____
New Major/POS: _____ Advisor: _____
Specialization: _____

Student's Agreement
I understand that it is my responsibility to notify the appropriate departments on campus when adjusting my class schedule or changing my program of study. This could include but not limited to the Academic Department, Student Financial Services, and Residential Life.
_____ Student Signature _____ Date