

PRINT NAME					
BERG ID NUMBER	:	:	:	:	TERM AND YEAR
HOME ADDRESS					
CITY			STATE	ZIP CODE	
HOME TELEPHONE			WORK TELEPHONE		
EMAIL ADDRESS:				DATE OF BIRTH	



The
Wescoe School
 MUHLENBERG COLLEGE

ENROLLMENT REQUEST

ADD	DROP	COURSE KEY			TITLE	MEETING TIMES	SESSION	PERMISSION SIGNATURE (IF REQUIRED)
		DEPT	CRSE	SECT				
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

FOR COURSE WITHDRAWALS (with a grade of "W" on the transcript)

Course Key _____ - _____ - _____ Course Title _____ Course Length: 15 Weeks 8 Weeks
Dept Crse Sect
 WESCOE USE ONLY: Withdrawn as of ____/____/____ (after ____ week/class, but before ____ week/class) for a refund of ____%

Course Key _____ - _____ - _____ Course Title _____ Course Length: 15 Weeks 8 Weeks
Dept Crse Sect
 WESCOE USE ONLY: Withdrawn as of ____/____/____ (after ____ week/class, but before ____ week/class) for a refund of ____%

- ALL COURSE ENROLLMENT REQUESTS MUST BE PROCESSED THROUGH THE WESCOE SCHOOL OFFICE!
- Enrollment requests may be submitted directly to The Wescoe School office at the Gabriel House. Enrollment requests may be faxed to The Wescoe School at (484) 664-3532. YOUR ENROLLMENT IS NOT ENSURED UNTIL YOU HAVE RECEIVED A PRINTED SCHEDULE!
- Have you taken a class at Muhlenberg? If you have not in the past two years, please contact us at (484) 664-3300 or by e-mail: mmcgovrn@muhlenberg.edu before you submit this request.
- Use this request to add, drop or withdraw from courses. Check out our academic calendar for specific enrollment deadlines.

 ACADEMIC ADVISOR SIGNATURE

 DATE

 STUDENT SIGNATURE

 DATE

Visit us on the Web
 at
www.muhlenberg.edu/wescoe

