

NAME		MUHLENBERG COLLEGE EMPLOYEE SPOUSE or DEPENDENT CHILD <input type="checkbox"/>	
BERG ID NUMBER		TERM AND YEAR	
HOME ADDRESS			
CITY		STATE	ZIP CODE
HOME TELEPHONE		CELL PHONE	
EMAIL ADDRESS:		DATE OF BIRTH	



Division of Graduate &  
Continuing Education

## 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  4 Weeks  
Dept Crse Sect  
 GCE USE ONLY: Withdrawn as of \_\_\_\_/\_\_\_\_/\_\_\_\_ (after \_\_\_\_ week/class, but before \_\_\_\_ week/class) for a refund of \_\_\_\_%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  4 Weeks  
Dept Crse Sect  
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- Enrollment Request Forms are processed by the Muhlenberg College **Registrar's Office**.
- Forms may be submitted directly to the School office at the Gabriel House, uploaded to <https://muhlenberggce.leapfile.net/> or faxed to 484-664-3532.
- 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: [allisoncramer@muhlenberg.edu](mailto:allisoncramer@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