

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	



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 WESCOE USE ONLY: Withdrawn as of ____/____/____ (after ____ week/class, but before ____ week/class) for a refund of ____%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 WESCOE USE ONLY: Withdrawn as of ____/____/____ (after ____ week/class, but before ____ week/class) for a refund of ____%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.
- 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: acramer@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

STUDENT SIGNATURE

DATE

DATE

Visit us

at

muhlenberg.edu/wescoe