

| | | | | | | | | | | | |
|----------------|--|--|--|--|--|------------|--|----------|--|--|---------------|
| 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 | |



School of Continuing Studies

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 GCE USE ONLY: Withdrawn as of ____/____/____ (after ____ week/class, but before ____ week/class) for a refund of ____%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
 GCE USE ONLY: Withdrawn as of ____/____/____ (after ____ week/class, but before ____ week/class) for a refund of ____%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 SCHOOL OF CONTINUING STUDIES OFFICE!
- Enrollment requests may be submitted directly to the School office at the Gabriel House. Enrollment requests may be 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 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

at

muhlenberg.edu/continuingstudies