



Term Change Request

**Please complete, sign and return this page immediately
if you wish to change your term of entry with UWM.**

Name (**PLEASE PRINT**): _____ Address: _____

UWM Campus ID #: _____ City/State/Zip: _____

Signature: _____ Date: _____

I have applied as an Undergraduate degree-seeking student
 University Special Student (non-degree-seeking undergraduate)

CHANGE the TERM on my application.

- Which semester do you want your application processed for? Spring Summer Fall UWinteriM/Year: _____
- Which semester did you last apply for? Spring Summer Fall UWinteriM/Year: _____
- Did you register for that semester? ____YES ____NO
- Do you plan to live on campus during this new term? ____YES ____NO

Check the applicable box:

- I WILL NOT be attending elsewhere before attending UWM.
- I WILL be attending elsewhere before attending UWM. I will be attending: _____

If you are currently enrolled at another school, list the courses below:

Department	Course #	Course Title	Credit

To change your term of entry, fill out the form above and send to:

DEPARTMENT OF ENROLLMENT SERVICES
UNIVERSITY OF WISCONSIN-MILWAUKEE
PO BOX 749

MILWAUKEE, WI 53201-0749

Or fax to: 414/229-6940