WASHBURN UNIVERSITY | INSTITUTE OF TECHNOLOGY

CEP SCHEDULE CHANGE FORM

Student Name: _____
Last First M.I.

Phone: _____ **WIN:** _____ **High School:** _____

Office Use Only

☐ Fall ☐ Spring 20___

Registrar:_____

Bus. Office:_____

Add:

Dept.	Course No.	Section	Course Ref. No. (CRN)	Course Title	Credit Hours

Drop:

Dept.	Course No.	Section	Course Ref. No. (CRN)	Course Title	Credit Hours

Student Signature:_____ Date:_____

High School Official Signature:_____ Date:_____

Dean of College of Arts and Sciences: _____ Date: _____
(Required if more than 9 credit hours)

Payment and Refund Information

By signing this form, I understand that I am responsible for payment in full of all tuition and fees resulting from enrolling in, adding, dropping, or changing courses.

Payment is required each semester. Payments may be made through WU View, at the Cashier Window in Morgan Hall 103, or by mail. Payment plan amounts will automatically recalculate when courses are added.

If a fully paid course is dropped, a refund will be issued only when the course is dropped within the applicable refund period. Refunds are processed weekly by check or direct deposit.

For payment options, refund information, and direct deposit instructions, visit the Washburn University Business Office website at www.washburn.edu/business-office.