



## Delaware Higher Education Office Enrollment Change Form

### **Student Information**

Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

### **Enrollment Change**

Academic Year (current enrollment year only) \_\_\_\_\_

Change requested for Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Both semesters: \_\_\_\_\_

College Name, include campus if applicable:

\_\_\_\_\_

Degree Seeking (Associate, Bachelors, Masters, Doctorate) \_\_\_\_\_

Major: \_\_\_\_\_