# EVEN EXCHANGE ENROLLMENT REQUEST

**PRINT** Student First Name                              Last Name  Student ID Number  Phone      Semester

A student signature on this form authorizes Admissions and Records staff to adjust enrollment as requested below. The student is responsible to ensure that required signatures/approvals are included, payment is made (if applicable), and this form is submitted by deadlines. All enrollment requests are subject to approval; the student is responsible to check their account in myWNC to determine if the enrollment request was processed, to check for the accuracy of the enrollment (if applicable), and to make payment according to payment deadlines.

Student Signature     Date

**Requests to add full classes will not be processed without consent from the applicable Division.**

If enrolled in a math class that is not eligible to be dropped, use this form for an exchange of different sections. Instructor permission is not required until the second week of the semester.

**Even Exchange**

**During the second week of the semester, only for full-term classes**

- Instructor signature or attached email approval required for course(s) to add; form must be submitted within 5 days of instructor approval.
- Courses requested to both drop and add for even exchange must be listed. The number of units requesting to add must be equal to or greater than the number of course units to drop.
- Dropped classes approved for even exchange will be removed from a student transcript.
- Deadline to submit this form for even exchange is the Friday of the second week of the semester or Monday if the semester began on a Tuesday. Note: Requests to even exchange courses to move to a higher or lower level within the same discipline will be accepted until the Friday of the fourth week of the semester. The lower level course must be a prerequisite to the higher level course, i.e: requesting to even exchange Art 101 to 102.

### Course(s) to add:

1) Course Registration Number (i.e. 32876) : ___________     Prefix/Number (i.e. BUS 101) : ___________ □ Credit □ Audit
   Is the class full?   □ Yes □ No   NOTE: If the class is full, request will not be processed unless Division has granted consent.

   Instructor Name (Print): _____________________ Instructor Signature: _____________________________ Date: _________
   If applicable, Division Signature: _______________________________________________ Date: ________________

2) Course Registration Number (i.e. 32876) : ___________     Prefix/Number (i.e. BUS 101) : ___________ □ Credit □ Audit
   Is the class full?   □ Yes □ No   NOTE: If the class is full, request will not be processed unless Division has granted consent.

   Instructor Name (Print): _____________________ Instructor Signature: _____________________________ Date: _________
   If applicable, Division Signature: _______________________________________________ Date: ________________

3) Course Registration Number (i.e. 32876) : ___________     Prefix/Number (i.e. BUS 101) : ___________ □ Credit □ Audit
   Is the class full?   □ Yes □ No   NOTE: If the class is full, request will not be processed unless Division has granted consent.

   Instructor Name (Print): _____________________ Instructor Signature: _____________________________ Date: _________
   If applicable, Division Signature: _______________________________________________ Date: ________________

### Course(s) to drop:

1) Course Number: ________ Prefix/Number: ___________

2) Course Number: ________ Prefix/Number: ___________

3) Course Number: ________ Prefix/Number: ___________