



## 2020-2021 Enrollment Change Form

Name:	Student ID#:
Current Degree/School:	Date:

### Enrollment Plans:

Summer 2020	Fall 2020	Winter 2021	Spring 2021
_____ Units	_____ Units	_____ Units	_____ Units

**Student Signature:** \_\_\_\_\_

\*This form may be faxed, mailed, dropped off in person, or scanned and emailed as an email attachment.

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