

PRINT NAME AND ID

FIRST NAME

INITIAL

7-DIGIT UW-W ID NUMBER

# ADMINISTRATIVE WINS ENROLLMENT CORRECTION FORM

This form should be used by UW-W academic and administrative areas to request a correction to a student's registration in the following circumstances:

- The original WINS enrollment was completed by a UW-W school official, not the student, and the school official has subsequently determined the enrollment to be in error. The enrollment change requires a written statement from the school official, or appropriate UW-W authority familiar with the enrollment situation, who must indicate how the university contributed to the enrollment error and what academic record changes are appropriate (e.g., the class should be removed from the student's transcript). **The written statement must accompany the form.** If approved, the student will not be charged tuition/fees for the original enrollment error.
- The university wishes to drop a student from a class that the student was originally advised to enroll for and add the student to another class that was not available or known at the time of the original enrollment. Such a change may be requested only for classes within the same term and requires a written statement from a UW-W school official who is familiar with the original enrollment situation. The statement must indicate the reason(s) for the enrollment change and what academic record changes and financial remedies are appropriate (i.e., the class that should be dropped, the class that should be added, and whether the student should be assessed any tuition/fees for the original class). **The written statement must accompany the form.** Use the back of the form for the written statement or attach a separate sheet to this form.

This form should be received in the Registrar's Office no later than the first day of the term following the term for which the change is requested. In certain cases, the Registrar's Office may require additional supporting information from the academic or administrative area before a change will be processed.

Registrar's Office use only Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Term: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ Winterim 20\_\_\_\_ (Enter the year next to the appropriate term.)

Subject (Alpha): \_\_\_\_\_ Catalog # (3-digit): \_\_\_\_\_ Title: \_\_\_\_\_

### Select Box (Choose only one)

Unit Change Class # (4-digit):  FROM Units:  TO Units:

Section Change FROM Class #(4-digit):  TO Class #(4-digit):   
Section #:  Section #:

Career Level Change FROM Catalog #(3-digit):  TO Catalog #(3-digit):   
Class #(4-digit):  Class #(4-digit):

Drop Class Class # (4-digit):

Written justification on back of form  Written justification attached

School Official Requesting Change: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME Date: \_\_\_\_\_

Department Chairperson Approval Required: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME Date: \_\_\_\_\_

Dean of Course Approval Required: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ PRINT NAME Date: \_\_\_\_\_