

Transition Semester Request Form

Wichita State University

College/School

Student Name _____ myWSU ID _____

Street _____ Email _____

City _____ State ____ Zip _____ Phone _____

I request that my _____ semester 20____, be declared a Transition Semester. I have read and believe that I understand the catalog regulations for Transition Semester as printed on the reverse side of this form.

Student Signature

Date

Advisor Verification of Eligibility:

Advisor Name

Advisor Signature

College Action Record

Sem. No.	Semester	Graded Hours	GPA	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Distribution: Copy to student and college;

Office of the Registrar

Catalog Requirements for Transition Semester

To accommodate students in their adjustment to college standards, they may be eligible for a special transition semester. The transition semester is a student's first regular semester at Wichita State regardless of the number of credit