

## 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

<b>College Action Record</b>
------------------------------

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