

Undergraduate Start Term Change Request

Full Name: _____

Date of Birth: _____ Student ID#: _____

Are you an International student? Y N

I was accepted for the _____, 20____ semester, and hereby request to change my start term
Fall / Spring / Summer

to the _____, 20____ semester.
Fall / Spring / Summer

I acknowledge that my start term may only be moved by one semester either direction of the term I was accepted to begin.

Signature

Date

***If digitally signed, this form must be submitted via student's TWU e-mail address**