

# REQUEST FOR CHANGE OF ADMISSION TERM



THE  
COLLEGE  
OF THE  
FLORIDA KEYS

## Change of Admission Term Policies:

1. Change of admission term may only be granted for up to two terms after the **original** term of admission.
2. Applicants who wish to enroll in classes in a term prior to their original admission term must submit this form. Requests for admission in a term more than one semester prior to the original admit term will not normally be accepted.
3. Applicants changing their term of admission must separately contact the Offices of Financial Aid and Housing to determine the status of any previously awarded aid or housing assignment. Additionally, students who enrolled in classes in the original term should contact their Academic Advisor to ensure that they are properly withdrawn from those classes.
4. Applicants changing their term of admission who have previously been awarded a Tuition Waiver must re-apply for a waiver for the new term.
5. Applicants changing their term of admission who have previously submitted a separate application for a limited access program must separately contact that program for instructions.

## Instructions:

To change your term of admission at The College of the Florida Keys, complete and return this form to the address listed below.

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Current Admission Term

\_\_\_\_\_  
New Admission Term

## Attendance at Another Post-Secondary Institution (please check one)

YES, I attended another college or university \_\_\_\_\_ since my original term of admission.  
Name of College or University

NO, I did not attend another college of university since my original term of admission.

If YES, an official transcript will be required **prior to enrollment** at CFK.

## Statement of Understanding:

My signature on this form certifies that I am requesting to change my term of admission at The College of the Florida Keys and that I agree to the conditions stated in the Change of Admission Term Policy state above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return form to the Office of Enrollment  
Services The College of the Florida Keys  
5901 College Rd  
Key West, FL 33040  
Fax: 305-292-5163  
Email: [admissions@cfk.edu](mailto:admissions@cfk.edu)**

For Enrollment Services Office Use Only:

Date Received: \_\_\_\_\_

Date Entered in SGASTDN: \_\_\_\_\_

Initials: \_\_\_\_\_