

2023-2024 Request for Repackaging

Student ID: W00	
First Name:	Last Name:
	epackaged for the following term(s): you plan to attend and list the hours you plan to take)
☐ Fall 2023: I plan to enroll in	credit hour(s).
☐ Spring 2024: I plan to enroll in _	credit hour(s).
☐ Summer 2024: I plan to enroll in	credit hour(s).
Expected graduation date: Mo	nth Year
Comments/Explanation:	
Student Signature:	Date:

Please return this form to:

WSU Tech Attn: Financial Aid 4004 N Webb Rd Wichita, KS 67226