Change of Section Request
(Return to Student Affairs)

Student’s Last Name __________________________ First Name __________________________ M.I. __

Student ID# __________________________ Current Phone Number __________________________ Date __________

Procedures
1. For use with changes in sections after the Add/Drop Period has ended
2. Changes in sections can be considered only for emergency or extenuating circumstances.
3. The student must complete Section I on the form below.
4. Students must provide complete information concerning reasons for changing sections.
5. The receiving instructor must fill out Section II, below.
6. The Academic Dean will review the request for denial or approval
7. Completed form should be submitted to Student Affairs

Section I – to be completed by Student; print clearly

Course Number, Section, and Title currently enrolled in: __________________________
Course Number, Section, and Title changing to: __________________________
I wish to change the section of this course because: __________________________

In order to complete the requirements for the course, the receiving instructor must indicate what assignments, if any, the student must complete. I have reviewed the activities indicated by the receiving instructor and I agree to perform the assignments indicated in Section III, below.

Student’s Signature: __________________________ Date: __________

Section II – to be completed by Receiving Instructor

I have discussed this course with the current instructor and the student, and agree to accept the student during the _______________________ semester.

In order to complete the requirements for this course, the student will do the following (be specific) assignments and grades will be transferred and / or: __________________________

Receiving Instructor’s Signature: __________________________ Date: __________

Section III – to be completed by the Academic Dean

I have reviewed the above request for a section change. □ Approved □ Disapproved

Dean’s Remarks: __________________________

Dean’s Signature: __________________________ Date: __________

Office Use
Form Distribution (to be completed by Student Affairs)
☐ Student Registration File (Original Form)
☐ Student (Copy)
☐ Original Instructor (Copy)
☐ Receiving Instructor(Copy)
☐ Dean (Copy)

Processed by __________________________
Date __________________________