

Change of Section Request After Schedule Adjustment Period (Census Date)

This form is to be used when a change in the student's circumstances requires changing to a different section of the same course within the same semester, after the schedule adjustment period has passed. The student must be in good academic standing. Permission must be obtained from both instructors and the division dean, and the student must justify the change.

Student: Please complete boxed area and take to the instructors for approval:

_____ Student's Name (Print)		_____ Student ID Number													
Course Prefix and Number: (e.g. ENG 111) _____		Session (e.g. 8 wk) _____													
Student's justification for section change: _____ _____ _____															
Switch FROM: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Index Number</td> <td style="font-size: small;">Section (e.g. 002N)</td> <td style="font-size: small;">Day/Time</td> </tr> </table>					Index Number	Section (e.g. 002N)	Day/Time	Switch TO: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Index Number</td> <td style="font-size: small;">Section (e.g. 005N)</td> <td style="font-size: small;">Day/Time</td> </tr> </table>					Index Number	Section (e.g. 005N)	Day/Time
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Approvals:

Instructor of section student is switching FROM:

I verify that the above student has been attending my course, is in good academic standing, and has completed all assignments thus far.

Instructor's Printed Name

Instructor's Signature Date

Instructor of section student is switching TO:

I give the above student permission to enter my class no later than _____.

(Date)

Instructor's Printed Name

Instructor's Signature Date

Dean/Associate Dean's Signature Date

Division Dean's Office: Please submit completed form to the Student Services Center.

SSC Use Only:

Date scanned: _____ Date linked: _____ Date course changed: _____ Initials: _____