

SECTION CHANGE REQUEST FORM

(Please print)

Name: _____ B-Number: _____ Date: _____
(mm/dd/yyyy)

Fall Winter Spring Summer Semester: (Enter Year, YYYY) _____

Currently Registered Section:

Course Title _____ Subject _____
Course Number _____ Section Number _____
CRN: _____

New Requested Section:

Course Title _____ Subject _____
Course Number _____ Section Number _____
CRN: _____

Student's Signature: _____ Date: _____
(mm/dd/yyyy)

Instructor's Signature: _____ Date: _____
(mm/dd/yyyy)

OFFICE USE ONLY

Date Processed: _____ Initials _____