

**REGISTRAR'S OFFICE
SECTION CHANGE FORM**

Last Name

First Name

MI

WESID

Class Year

Course: _____

Department

Number

Section for which you are currently enrolled: _____

Section you are requesting to be moved to: _____

Reason for change:

Student Signature

Date

Instructor of Old Section Signature

Date

Instructor of New Section Signature

Date

RETURN FORM TO REGISTRAR'S OFFICE WHEN COMPLETE