



Departmental Move Request

Admissions & Records

Name _____ Student ID# _____

Address _____ Phone # (____) _____ - _____

City/ State/ Zip _____ Semester/ Year _____

I am petitioning to request a Departmental Move for these two courses/ sections:

CURRENTLY ENROLLED IN:		REQUEST TO CHANGE TO:	
Section# _____	Course# _____	Section# _____	Course# _____

I wish to switch courses/sections due to these extenuating circumstances (such as acute medical, family or other personal problems) _____

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