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