



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): _____

I understand that all of my coursework including grades and attendance will be transferred to my new course/section and it will be used in calculating my overall grade in the class.

Student's Signature

Date

CURRENT INSTRUCTOR

☐ APPROVED ☐ DISAPPROVED I will transfer all work completed to date for this student to the new faculty of record within 1 week.

Instructor's Signature

Date

NEWLY ASSIGNED INSTRUCTOR

☐ APPROVED ☐ DISAPPROVED I will accept all work completed to date for this student and I understand that I must include previous work in the calculation of the student's final grade.

Instructor's Signature

Date

THIS SECTION TO BE COMPLETED BY ADMISSIONS & RECORDS OFFICE

Current Section: If both instructors approve, DROP the student from current section by backdating the drop to the first day of the class.
New Section: If both instructors approve, ADD the student to the new section as of the first day of the class.
ENTER THE CODE OF Y. (departmental move) on both sections.

Dropped/ Added Processed Date: _____ by: _____