

COLLEGE OF VISUAL AND PERFORMING ARTS

STUDENT SECTION SWITCH FORM

Use this form if you are changing your section, but staying in the same program. This signed Form is due to the Registrars Office within seven days from the start of the semester.

Date: _____

Student Name:
Program Name:
FROM:
Former section(ex. A, B, 1A, 1B etc.):
TO:
New section(ex. A, B, 1A, 1B etc.):
By signing this Form, I hereby acknowledge that with the department chairs approval my section will be changed.
Student Signature
Please have the appropriate offices sign initial below in the order listed
1) Chair of the Department:
2) Academic Affairs (BFA only):
3) International (if applicable):
4)VA (if applicable):
5)Financial Aid Office (if applicable):
6) Bursar/Brian: