



Return completed/signed form to the registrar's office at psu-registrar@plymouth.edu.

Course Section Change Form

Last Name _____ First Name _____ Student ID _____

Please Check Degree/Certificate and List Majors/Concentrations/Options:

___ EdD ___ DPT ___ EdS ___ CAGS ___ MA ___ MAT ___ MBA ___ MEd ___ MS
___ BA ___ BS ___ BFA ___ Certificate

Major(s) _____

Concentration(s)/Option(s) _____

Term/year: ___ Fall ___ Winterim ___ Spring ___ Summer Year _____

Current Course:

CRN Course Number & Section (e.g., EN 1234.01) Course Title

New Course:

CRN Course Number & Section (e.g., EN 1234.01) Course Title

Rationale: Provide rationale that clearly explains the circumstance for this change.

- **By signing**, the student confirms that the instructor of the current course has been notified.
- Please refer to the **policy** for the timeline regarding which signatures are required – <https://coursecatalog.plymouth.edu/university-policies-procedures/>

Student Signature _____ Date _____

New Course Instructor Signature Print Name Date

Academic Student Advocate Signature (Dr. Zehr – zehr@plymoth.edu) Date

Associate Provost Signature (Dr. Aviles – lavilesbramer@plymoth.edu) Date

Processed by: _____ Date _____ 6/2024