

## DWC Change of Course Form

Student's Name: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Class:        Freshman \_\_\_\_\_        Sophomore \_\_\_\_\_

Banner ID: \_\_\_\_\_

Requesting change from course/section: \_\_\_\_\_ to course/section: \_\_\_\_\_

CRN of current course/section: \_\_\_\_\_

CRN of course/section you wish to transfer to \_\_\_\_\_

Reason(s) for request of change:

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_