

CEO Non-Degree Advising Undergraduate Late Section Change Petition



Student Section

Name: _____
Social Security Number: _____ E-mail Address: _____
Dept. & Course Number : _____ Phone#: _____
Lec: Dis: Act: (to be dropped) Mailing Address: _____
Lec: Dis: Act: (to be added)
Instructor: _____
Semester : _____

Comments :

Student's Signature _____ Date _____

Instructor Section
***** THIS SECTION TO BE COMPLETED BY INSTRUCTOR ONLY *****

Instructor's Signature _____ Date _____

CEO Academic Advising Office

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature _____ per Academic Standards Committee Date _____	LATE SECTION CHANGE Last Name: _____ First Name: _____ S.S.N. : _____ Dept. & Course Number : _____ Lec: Dis: Act: (to be dropped) Lec: Dis: Act: (to be added) Instructor: _____ Semester : _____ E-mail Address: _____
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Comments:

