



MADISON COLLEGE

Section Change Approval Form

INSTRUCTIONS - This form is to be submitted by the student to request permissions to complete a section change after the last date to enroll. Permission must be obtained from the instructor of both classes prior to submission. Failure to submit this form within five business days from instructor signature date nullifies this form.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Student ID _____

CLASS INFORMATION

Academic Year _____ Term: Fall Spring/Interim Summer

	Class Number (5 digits)	Catalog Number (8 digits)	Class Title	Meeting Days/Time	Instructor Name
Drop:					
Add:					

STUDENT SIGNATURE & AGREEMENT

By signing, I certify that all of the above information and statements are true to the best of my knowledge. I understand that: submission of this form will result in a section change on my schedule for the above two classes and that any late enrollment will impact any possible refund under the Wisconsin Technical College System refund policy; adding, dropping and/or swapping classes after the start of the term or and/or date of record may affect my financial aid, Veterans benefits, and Pell Grant eligibility and may result in an outstanding balance owed; and enrollment restrictions may apply.

Student Signature _____ Date _____

INSTRUCTOR SIGNATURE & AGREEMENT

Instructors of the classes must both sign and certify below to allow for the registration of the above student into the class listed.

Instructor of class section to be dropped:

Instructor Name _____ Class Number (5-digit) _____

I authorize the student above to enroll in another section of this class, acknowledge that I will share current grades with the other instructor and that this change will not negatively impact the student.

Instructor Signature _____ Date _____

Instructor of class section to be added:

Instructor Name _____ Class Number (5-digit) _____

I authorize the student above to enroll in my section of this class, acknowledge that I will accept grades from the other class and/or make-up work and that it will not negatively impact the student. I also agree to waive all prerequisites that were waived for the other class.

Instructor Signature _____ Date _____

SUBMISSION INSTRUCTIONS

This form is not accepted by fax or email. The student must submit this completed form **in-person** and present a photo-ID to the:

Enrollment Center - Truax Campus, Rm. A1000 or any regional or metro campus

Authorized requests will be processed and confirmed at the point-of-service. Students should confirm enrollment by viewing his/her class schedule via the myMadisonCollege Student Center.

Questions? For further assistance with this form, call the Enrollment Center at (608) 246-6210 or visit in-person.

<i>For Administrative Use Only/Processed by:</i>			
Staff Name _____	Staff Title _____	Date Processed _____	Confirmation # _____
Regional & Metro Campus or School Office Staff - scan and email to intake@madisoncollege.edu .			
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