



**SECTION CHANGE FORM**

01

Student Name & Surname: _____			Student No: _____	
Department: _____			Academic Semester: 20__ / 20__	
COURSE CODE	CURRENT SECTION	NEW SECTION	LECTURER	SIGNATURE
Reason For Section Change: _____			Signature / Approval	Date
Lecturer's Name: _____			_____	___ / ___ /20__
Advisor's Name: _____			_____	___ / ___ /20__
Registrar's Name: _____			_____	___ / ___ /20__

\*ATTENTION: All Fields of This form must be filled out completely and clearly. **Keep Confidential.**

**ZerinGÜRLER**  
Director of Admission and Registration



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