

# COURSE OR SECTION CHANGE REQUEST FORM



**QUINSIGAMOND**

**Community College**

670 West Boylston St.  
Worcester, MA 01606

Student I.D. Number:

Print Student's Name:

Student's Signature:

Date:  /  /

Program

FALL \_\_\_\_  
 SPRING \_\_\_\_  
 SUMMER \_\_\_\_  
 INTERSESSION \_\_\_\_

## FIRST CHOICE SELECTIONS

DROP	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
DROP	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
DROP	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
DROP	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor

ADD	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
ADD	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
ADD	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
ADD	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor

## ALTERNATIVE SELECTIONS

DROP	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
DROP	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor

ADD	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor
ADD	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
				Advisor

## PREREQUISITE WAIVER:

Waive Prerequisite of:    for

Academic Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Basis for Waiver: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_