



# DEL MAR COLLEGE Extenuating Circumstance Schedule Change Request

NOTE: Enrollment for this section will not count for funding purposes. This form is required **after** the census date for the affected section(s). Submit the completed form to the Registrar's Office.

Student ID:         Term: Fall  Spring  Sum I  Sum II  Year: 20\_\_\_\_

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student DOB: \_\_\_\_\_ Student Email: \_\_\_\_\_

Reason for late enrollment or schedule change:

- Transferring student from one course to another course.
- Adding a course. *Complete TO section only.*
- Reinstatement to a course. Indicate circumstances below. *Complete TO section only.*

***I will be switching FROM:***

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_  
Ex. ACCT EX: 1301 EX: 710SP

***TO the following section:***

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_  
Ex. ACCT EX: 1301 EX: 710SP

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean of Division Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive VP/CAO Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Office Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form requires all signatures. The student is responsible for the accuracy of the information provided. If applicable, the student must pay the difference and late registration fees.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: This form will VOID if not received within 3 business days of instructor signature. Forms are processed as of the date received by the Registrar's Office.**

*Office of the Registrar phone: 361-698-1248 email: reginfo@delmar.edu*