# CHANGE SECTION/LEVELAFTER OFFICIAL DEADLINE



SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

#### **SMCCCD**

# **Check Appropriate College**

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA94061
Phone: (650) 306-3226
Click Here to Submit

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Click Here to Submit

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Click Here to Submit

Student's ID# G:			
Last Name	_ First Name		Middle
Mailing Address:			
Phone Number:	I	Email:	

## Complete appropriate section below:

After the last day to add a semester-length class a student may change a semester-length class only under unusual circumstances and in one of the specific categories listed below.

- 1. Changing to a higher or lower level in sequential courses.
- 2. Changing to a different section of the same course.

## I hereby petition to ADD the following course to my program:

CRN Sample 81348	COURSE NAME Elementary Algebra	COURSE NUMBER MATH 110	COURSE SECTION AA	# OF UNITS 5.0	Faculty's signature Faculty's signature

### I hereby petition to DROP the following course:

	CRN	COURSE NAME	COURSE NUMBER	COURSE SECTION	# OF UNITS
Sample	81348	Elementary Algebra	MATH 110	AA	5.0
	•	<u> </u>			
Student Sig	nature		Da	ate	
Division De	ean's Sig	nature		Date	
(	(Division	Dean's Signature indi	cates approval of the ch	ange of program.)	

#### ADMISSIONS AND RECORDS OFFICE

Processed by:	D	Date:re	ev 012622