



# MADISON COLLEGE

## Section Change Approval Form

**INSTRUCTIONS** -This form must be submitted by the student to request permission to complete a section change after the SWAP period has ended. Permission is required from the instructor of the class to be dropped; permission is only required by the instructor of the section to be added after the last date to enroll has passed. 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<br>(5 digits) | Catalog Number<br>(8 digits) | Class Title | Meeting Days/Time | Instructor Name |
|--------------|----------------------------|------------------------------|-------------|-------------------|-----------------|
| <b>Drop:</b> |                            |                              |             |                   |                 |
| <b>Add:</b>  |                            |                              |             |                   |                 |

### STUDENT SIGNATURE & AGREEMENT

*By signing, I certify that all of the information and statements on this form are true to the best of my knowledge. I understand that: I have discussed the possibility of sharing grades and other academic information with both instructors; 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 Pell Recalculation Date 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 AND AGREEMENT

#### Instructor of class section to be dropped (Required):

Instructor Name \_\_\_\_\_ Class Number (5-digit) \_\_\_\_\_

I authorize the student above to enroll in another section of this class. I acknowledge this student is **currently in good standing in my course** and that I will share current grades with the other instructor when applicable, and that I believe this change will not negatively impact the student.

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

#### Instructor of class section to be added (Required after Last Date to Enroll has passed):

Instructor Name \_\_\_\_\_ Class Number (5-digit) \_\_\_\_\_

I authorize the above student to enroll in my section of this class. I acknowledge that I have discussed the ability to accept grades and/or make-up work from the other class and I believe 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.

This form must be submitted prior to the end of the [60% Refund Period](#) of the course you intend to drop.

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.

*For Administrative Use Only/Processed by:*

Staff Name \_\_\_\_\_ Staff Title \_\_\_\_\_ Date Processed \_\_\_\_\_ Confirmation # \_\_\_\_\_

Regional & Metro Campus or School Office Staff - scan and email to [intake@madisoncollege.edu](mailto:intake@madisoncollege.edu).