

**A-6**

The University of Louisiana at Monroe  
College of Arts and Sciences  
Advising Form: **Switching Sections**

|            |                      |            |
|------------|----------------------|------------|
| Name _____ | Student Number _____ | Date _____ |
|------------|----------------------|------------|

|               |             |              |
|---------------|-------------|--------------|
| Advisor _____ | Major _____ | Course _____ |
|---------------|-------------|--------------|

From  to

Reason for Switch \_\_\_\_\_

Student's Signature and Date \_\_\_\_\_

Advisor's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Terminal Instructor's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Student's Department Head's Signature and Date \_\_\_\_\_

- Approve
- Disapprove