DELAWARE VALLEY
UNIVERSITY
1896

Request to Enter a
Closed Section

DATE: _____

STUDENT ID: _____   DATE OF BIRTH: _____

STUDENT NAME: _____

STUDENT PHONE NUMBER: (   ) _____ - _____

MAJOR:_____

CLASS LEVEL: _____   CREDITS EARNED: _____   CUMULATIVE GPA: _____

COURSE NUMBER AND NAME: _____

LECTURE AND/OR LAB SECTION: _____

REASON: _____

_____

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_____

_____   _____
STUDENT SIGNATURE   DATE

_____/_____   _____
INSTRUCTOR NAME/SIGNATURE   DATE

_____/_____   _____
DEPARTMENT CHAIR NAME/SIGNATURE   DATE

_____/_____   _____
ENTERED BY: NAME/SIGNATURE   DATE