

Office of the University Registrar  
Akron, OH 44325-6208  
[registrar@uakron.edu](mailto:registrar@uakron.edu)

STUDENT INFORMATION (all fields required):		*By signing this form, the student indicates that he/she is responsible for any additional charges caused by a changed schedule.
Student ID #:	First Name:	Last Name:
UA Email:	Phone #:	Current College:
Signature:		Date:

4133eW/SEC SECTION CHANGE KE (all fields required): P

Term:	Year:
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