

# Request for a Group Change (for EL students only)

Michigan State University College of Osteopathic Medicine

Office of Academic Programs

965 Fee Rd., Room A331

East Lansing, MI 48824-1316

Phone: 517-353-9932

Instructions: Complete form and submit to [com.osteomedap@msu.edu](mailto:com.osteomedap@msu.edu)

NOTE: If approved, you will be notified via email. Please allow 10 working days for processing.

## Requestor Information: Please PRINT

Your name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (        )        -

### Group:

Course Number: \_\_\_\_\_ Semester: \_\_\_\_\_ Group Title: \_\_\_\_\_

Day/time currently assigned: \_\_\_\_\_ Day/time of desired group: \_\_\_\_\_

Why are you requesting this group change?

\_\_\_\_\_

What other groups are scheduled this week that may conflict with your request?

\_\_\_\_\_

\_\_\_\_\_

Is this a:

One-time group change request

Re-occurring group change request

If you are requesting to switch groups with a classmate, who are you requesting to switch with? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are switching groups with a classmate, both students must authorize this form*

**Please do not mark below this line. For office use only.**

Approved

Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_