

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 OsteoMedAP@hc.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: _____