



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

OFFICE OF THE REGISTRAR

Student Move Form

(Move students from one CRN to another CRN)

Date: _____

Term & Year: _____

Department: _____

Contact Person: _____

Extension: _____

Email: _____

This form will not be accepted if registration is open. Please instruct students to make the requested changes to their registration.

- Departments are required to notify students before moving. Have students been notified that they will be moved?
 - Yes – Please attach the email sent to enrolled students.
 - No – Please notify students and attach email before submitting to Registrar’s Office.

- Students to be moved:
 - All Students– Will the course be canceled? Yes or No
 - Selected Students - Attach roster with selected students indicated

*If department approval override is required, it must be entered on each student’s account before submission of form

3. Course Information:

Move students from (Old):

CRN: _____ Subject: _____ Course: _____ Section: _____

Move students to (New):

CRN: _____ Subject: _____ Course: _____ Section: _____

*Sections must have the same Subject, Course Number, Instructional Method, and Campus

- Submit this form and supporting documents to Schedule@shsu.edu for processing

Processed By

Date