

Request for Course Change

Approved By: _____

Department Head: _____ Date: _____ Dean of School: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

Please forward request by e-mail

CRN	Subject	Course #	Section	Will the request require funds from Academic Affairs? YES _____ NO _____ If yes, please justify:											
	Days	Begin Time	End Time	Building	Room	Instructor	T#	Enroll Limit	Instruct Method	Approved Courses Only Title change (maximum 30 characters)			If different from term Begin Date End Date		
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