

Office of the Registrar Course Modification Request Form

% FQBSUNFOUT TIPVME VTF UIJT GPSN UP SFRVFTU DPVSTF NPEJGJDE
NPEJGJDBUJPOTBXDDMQUFOE CFTU UIF BEE ESPQ EFBEMJOF GPS UIF
TVCNJU DPNQMFUFE SFRVFTU UP TDIFEVMFCVJMEFS!LFOOFTBX FEV

☑ First Name: _____ ☑ Last Name: _____

☑ Phone (extension): _____ ☑ Department: _____

☑ Semester: fall F spring F summer z CE _____

_____ ☑ ^ μ i š W _____ ☑ Course Number: _____ ☑ Section: _____

☑ KURSE MODIFICATION: (select all that apply)

☑ Campus: _____ ☑ Credit)ours: _____ Crosslist: _____
(please list courses)

☑ /nstructor ID #: _____ ☑ Wart-of-Tier _____

☑ uilding: _____ ☑ /nstructional Method: _____ Uncrosslist: _____
(please list courses)

☑ Zoom: _____ ☑ 'rade Mode: _____

Cancel Course

Meeting Pattern:

Meeting Type	M	T	W	R	F	Sa	S	Start Time	End Time
	F	F	F	F	F	F	F		
	F	F	F	F	F	F	F		
	F	F	F	F	F	F	F		

Requester Signature: _____ Date: _____

Office of the Registrar Use Only

Initials: _____ Date: _____

Comments: _____