

# 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: ffall 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: \_\_\_\_\_

F 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: \_\_\_\_\_