REQUEST TO ADD/CHANGE A CLASS

TERM / YEAR: _____

___ Add   ___ Change

_____   _____   _____ _____   _____

SUBJ   CAT #   Sect   Units: Course Title

Meeting Time and Place: *Dates:_____*

Days/week   Start   Stop   Building   Room#   Limit

_____   _____   _____   _____   _____   _____

_____   _____   _____   _____   _____   _____

This course is cross-listed with:

Subj   Cat#   Sect

_____   _____   _____

_____   _____   _____

_____   _____   _____

Primary Instructor:

First Name   Last Name   CU-SIS ID (9 digits)

_____   _____   _____

Additional Instructors:

_____   _____   _____

_____   _____   _____

_____   _____   _____

___ Cancel Class / Cancellation Date:_____

Dean's Approval (signature required)

_____ Date:_____

___ *Check here if you DO NOT want this published!*

NOTES:_____

_____

_____

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