

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: _____

Registrar Office Use Only

Canvas notif. _____

Canvas appr. _____

Class: _____

Class: _____

Dyn Dating: _____

Date Proc: _____

Initials: _____

Checked: _____

Revised: 11/2018