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:*_____
_____
_____
_____