

Course Change Request Form

Date: _____

Name: _____

Phone: _____ Email: _____

Subject (4-letter code): _____

Course Number (5-digit number): _____

Section (2-digit number): _____

Idents: _____

(*All Idented courses MUST have a Subject, Course Number, and Section)

Quarter: _____
(Example: Spring 2003)

Check one: Course Change ___ Course Addition ___ Course Cancellation ___

ORIGINAL COURSE INFORMATION

Title: _____

Instructor: _____
(*FULL name* must be given, enter last name first)

Days: _____ Start Time: _____ End Time: _____

Room Assignment: Building: _____ Room: _____

Limits: _____ Units: _____

Notes: _____

NEW COURSE INFORMATION

Title: _____

Instructor: _____
(*FULL name* must be given, enter last name first)

Days: _____ Start Time: _____ End Time: _____

Room Assignment: Building: _____ Room: _____

Limits: _____ Units: _____

Notes: _____

Please use notes field for clarification if you are unable to fully convey your change in the provided fields. Include changes to Prerequisites/Remarks there. Also include any special requests or questions there. Please contact LaTanya Jones (lrjones@uchicago.edu) or Mary T. Stofcik (mtstofcik@uchicago.edu) if necessary.