

# OFFICE OF THE UNIVERSITY REGISTRAR

## COURSE CHANGE REQUEST FORM

Date:

Name:

Phone:

Email:

Subject (4-letter code):

Course # (5-digit #):

Section # (2-digit #):

Ident Subject:

Ident Course #:

Ident Section #:

Ident Subject:

Ident Course #:

Ident Section #:

Ident Subject:

Ident Course #:

Ident Section #:

Quarter: (example: Spring 2012)

**Check One:**  Course Change  Course Addition  Course Cancellation

### COURSE INFORMATION

Title:

Instructor: (Full name must be given; last name first)

Days:  Start Time am/pm:  End Time am/pm:

Room Assignment: Building:  Room:  Final Exam:  Yes  No

Limits:  Ratio:  Units:  Levels:  Consent:  Yes  No

Course ACT/Format:  CRS.  SEM.  LEC.  DIS.  TUT.  LAB  SCR.

Notes:

*Please use the notes field for clarification, questions, special requests, or changes to Prerequisites/Remarks.*

**Please return this form to the Office of the Registrar at [reg-courses@lists.uchicago.edu](mailto:reg-courses@lists.uchicago.edu) or fax to 773-702-3562. If you have any questions, please call 773-702-7891.**