**COURSE CHANGE INFORMATION:**

**Academic Year: Session (W/S): Subject Code: Course #: Section: # of Credits:**

**INSTRUCTOR’S NAME:**

**STUDENT INFORMATION:**

**Name: Student #: Program: Grade: Grade Standing: Standing**

 **to: to:**

**Please provide specific reasons for change:**

**AUTHORIZATION: (Three signatures required)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructor Signature Name (Please Print) Department Date (yyyy/mm/dd)

**AND**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Head of Department Signature Name (Please Print) Department Date (yyyy/mm/dd)

**And ONE of the following:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean, Director or Designate Signature Name (Please print) Faculty Date (yyyy/mm/dd)

(of Faculty offering course)

**OR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean, Director or Designate Name (Please print) Faculty Date (yyyy/mm/dd)

Signature (of student’s Faculty, if

different from above)