Delgado
COMMUNITY COLLEGE

Non-Credit Course Change Request

*See **Form Instructions***

DEPARTMENT INFORMATION

Requested By: _____ Email: _____

Title: _____ Request Date: _____

CURRENT COURSE INFORMATION

Subject Area: _____ Course Number: _____

Course Title: _____ Term Change is Effective: _____

CHANGE REQUESTED

Subject Area: _____ Course Title: _____

Instructional Method: _____ Contact Hours: _____ Grade Type: _____

Attributes: (Check all changes that apply)

Canvas	Foster's Promise	Completer's Grant	Reboot	Other:
☐ Add	☐ Add	☐ Add	☐ Add	☐ Add
☐ Remove	☐ Remove	☐ Remove	☐ Remove	☐ Remove _____

Tuition Amount: _____ Justification: _____

Type or attach updated course description or add additional notes:

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APPROVALS:

1. _____ _____
   Vice Chancellor for Workforce Development   Date

2. _____ _____
   Executive Director, Financial Services/Associate Controller   Date

3. _____ _____
   Director, Curriculum and Program Development   Date

Updated 04/27/2023