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:

[ ]

APPROVALS:

1. _____   _____
   Vice Chancellor for Workforce Development   Date

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

3. _____   _____
   Executive Director, Curriculum and Program Development   Date

Updated 09/13/2022