

Non-Credit Course Change Request

Email:				
Request Date:				
	CURRENT COURS	E INFORMATION		
Course Number:				
Term Change is Effective:				
	CHANGE R	EQUESTED		
		Course Title:		
Instructional Method: Attributes: (Check all changes that apply)		Contact Hours:		Grade Type:
		Reboot	Other:	
□ Add	□ Add			
🗆 Remove	🗆 Remove	🗆 Remove	🗆 Remove	
uition Amount: Justification:				
	changes that apply) Foster's Promise Add Remove	CURRENT COURS	CURRENT COURSE INFORMATION Course Course Term C Term C CHANGE REQUESTED Course Title:	CURRENT COURSE INFORMATION Course Number:

APPROVALS:

Vice Chancellor for Workforce Development	Date
 Executive Director, Financial Services/Associate Controller	Date

Date