



COLLEGE OF SANTA FE

COURSE CHANGE

Office of the Registrar

Department: _____ Date: _____

Add

Change

Cancel

_____/_____/_____	_____	_____/_____
Dept	Crs# Sect	Title Yr Semester

If this is an **add**, please complete **all** of the following information.
If this is a **change**, please indicate change on the appropriate items.

Start Date: _____ End Date: _____ Cr. Hrs.: _____

Days: _____ Times: _____ Fee: _____

Bldg/Rm.: _____ Capacity: _____ Location: _____

Instructor: _____ Instruc. Perm.: yes/no

X-Listing(s): _____ Prerequisite(s): _____

Co-Requisite(s): _____ Spec. Billing: _____

TUG/NTUG: _____ Independent Study

***** Note :**

Department Chair or E&W Director

Date

Vice President for Academic Affairs (if adding a course)

Date