

UNIVERSITY OF ARKANSAS AT PINE BLUFF
COURSE CHANGE FORM

THIS SLIP MUST BE RETURNED TO THE REGISTRAR'S OFFICE

Name _____

ID# _____ Date _____

Name of Course

SEMESTER: SPRG _____ FALL _____ SUM1 _____ SUM2 _____

Course Rec. No. _____

Course No./Sec. _____

Dept _____

Audit Yes No

ADD

PLEASE PRINT - PRESS HARD
FORM WILL NOT BE PROCESSED WITHOUT REQUIRED
SIGNATURES
WHITE COPY - REGISTRAR CANARY - STUDENT

Credit Hours Carried
If Course Change Approved _____

Departmental Chairperson's Signature (From Your Major) Date
{Required Signature}

Student's Signature Date
{Required Signature}

Instructor's Signature/ Chairperson of Course Added Date
{Required for closed section petition}

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