

UNIVERSITY OF ARKANSAS AT PINE BLUFF
COURSE CHANGE FORM

THIS SLIP MUST BE RETURNED TO THE REGISTRAR'S OFFICE

Name _____

ID# _____ Date _____

SEMESTER: SPRG _____ FALL _____ SUM1 _____ SUM2 _____

Name of Course _____

Course Rec. No. _____

Course No./Sec. _____

Dept _____
Audit Yes No

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 _____ Date _____
{Required for closed section petition}