

REGISTRATION AND RECORDS
(310) 665-6950

COURSE INFORMATION

| | |
|---|-----------------------------|
| Department | Term |
| Course Title | C R N |
| Original meeting days / times | Course Number: |
| Requested meeting days / times | Original Room |
| Reason for late change | New Room Requested |
| Signature of Department | Date |

PROVOST REVIEW

THIS REQUEST IS

- Not Approved
- Approved (Notify student of the change to Course schedule)
- Approved with conditions;

Room Available Yes No

Time Available Yes No

.....
Signature of Provost

.....
Date

DISTRIBUTION:

ORIGINAL: Provost

YELLOW: Department

PINK: Registrar