

REGISTRATION AND RECORDS
(310) 665-6950

COURSE INFORMATION

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Term

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Department:

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Course Title:

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Course Number:

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Course Level

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Requested meeting days / times

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Reason for late change

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Signature of Department

.....
Date

PROVOST REVIEW**THIS REQUEST IS**

Not Approved

Approved

Approved with conditions:

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Signature of Provost

.....
Date

DISTRIBUTION:

ORIGINAL: Provost

YELLOW: Department

PINK: Registrar