

CHANGE IN CROSS-LISTING COURSE

Return completed form to the Office of the Registrar.

NAME _____ STUDENT ID _____ PO BOX _____ CLASS YR _____

I request that the following cross-listed course be changed to:

FROM _____
(Course Identifier) (Title)

TO _____
(Course Identifier) (Title)

Signature: _____

Date: _____

_____ Please check if you are registered for this course during the current semester.