Course Change Request Form
Submit the completed form to <a href="mailto:registrar@huc.edu">registrar@huc.edu</a>

(Form must be submitted 8 weeks before effective term/year)

## Type of Change:



•	Grade Type Change	
•	Course Description Change	
•	Course Objectives Change	

• Changes to the credit amount requires a new course request form

Course Title:		
Dept./Subject (e.g., BIB):	Course N	umber:
Effective Start Year:	Effective Star	t Term:
If there is a change in grade type:		
Current Grade Type:	Proposed Grade Type: ☐ Pas	s/Fail □ Letter Grade
If there is a change in course description, pl	ease provide new course description	:
If there is a change in course objectives, ple	ase attach a new course syllabus. $\Box$	Attached
Requester:	Initial:	Date:
I have reviewed and approve this request.		
Program Director:	Initial:	Date:
Registrar Office Use Only:		
Review on:		By:
<ul><li>Updated Catalog:</li><li>Updated SIS:</li></ul>		By: By:
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