



GEORGIA
CENTRAL UNIVERSITY

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COURSE CHANGE REQUEST*

Dear Registrar,

I hereby request and authorize to change the course offerings as following specifications:

Academic Semester/Trimester: _____, _____ School: _____

Degree Program: _____ Number of Changing Course(s): _____

Submitted Course			Changed (New) Course		
Course #	Course Title	Instructor	Course #	Course Title	Instructor

Reason (s) why changing course offering(s) for the School:

Name of the School Dean: _____

Signature: _____ Date: _____

* Course change request is accepted only once per semester/trimester

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Office Use Only

Accepted by: _____ Position: _____

Process by: _____ Signature: _____ Date: _____

Remark: