



**GEORGIA**  
CHRISTIAN 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: