



Course Offering Change Request

This form is submitted to gsbs-curriculum@bcm.edu

Course Name: _____

Catalog Number: _____

CURRENT COURSE INFORMATION <i>(Please complete <u>all</u> information)</i>	REQUESTED CHANGES <i>(Please <u>only</u> enter information to change)</i>
Course Director: _____	Course Director: _____
Course Assoc. Director: _____	Course Assoc. Director: _____
Term: _____	Term: _____
Time: _____	Time: _____
Day: _____	Day: _____
Room: _____	Room: _____

Explanation for request:

Program Administrator:

Signature Date

Program Curriculum
Committee Chair:

Signature Date

Please submit completed and signed form to gsbs-curriculum@bcm.edu.