

COURSE / CLASS NUMBER CHANGE CARD

Semester/Term: _____ Year: _____

Student Last Name: _____

Student First Name: _____

Student ID: _____

Student LACCD email account: _____ @student.laccd.edu

COURSE CHANGE

CLASS NUMBER CHANGE

FROM:

Current Course Name: _____ Class Number: _____

Current Course Number: _____ (Formerly Section Number)

TO:

New Course Name: _____ Class Number: _____

New Course Number: _____ Formerly Section Number)

Permission Number: _____

Student Signature: _____ Date: _____

Incoming Instructor Signature: _____ Date: _____

FOR OFFICE USE ONLY

PROCESSED

Processed by: _____ Date: _____