UNIVERSITY OF ARKANSAS AT PINE BLUFF

COURSE CHANGE FORM

THIS SLIP MUST BE RETURNED TO THE REGISTRAR'S OFFICE

Name _____ ID# _____ Date _____

SEMESTER: SPRG ____ FALL ____ SUM ____

Name of Course

Course Rec. No. _____ Dept _____

Course No./Sec. _____ Auth

PLEASE PRINT - PRESS HARD

FORM WILL NOT BE PROCESSED WITHOUT

SIGNATURES