

**TUITION ASSISTANCE PROGRAM
Course Change Request**

Employee Information:

Name: _____ ID# _____

Reason for change: _____

Proposed change:

Delete

<u>Course number</u>	<u>Course title</u>	<u>Credit hours</u>

Add

<u>Course number</u>	<u>Course title</u>	<u>Credit hours</u>

Approval

Supervisor/Group Leader (print name and sign)

Date

Return to
The Office for Professional and Organization Development
MS 124