Approval #: **Account #**: **Course #**: **Session #**:

CHANGE/CANCELLATION REQUEST FORM

Today's Date: _____

Program Office: _____

Coordinator: _____

Course Name: _____ **Session**: _____

Course Location: _____

Course Date(s): _____

Please Make the Following Changes on the Above Course:

New Course Date: ☐ Please specify date(s): _____

Added Equipment: ☐ Please specify equipment: _____
If more than one item, please attach new equipment list _____
_____

Deleted Equipment: ☐ Please specify equipment: _____
_____
_____

New location: ☐ Please specify location: _____
_____
_____

Course cancelled: ☐ Please specify reason: _____
_____
_____

Other: ☐ Explain: _____
_____
_____

Approvals:

_____	_____	_____	_____
Program Services	Date	Cribroom	Date