



## INSTRUCTOR APPROVAL

The student named above has my approval to add the course listed above. With my signature, I am approving this request to add or change a section of the course, or change the credit to be earned.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Instructor's Signature                      Print Name                      Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEPARTMENT APPROVAL

The Department for the course listed above approves this late course change request.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Departmental Signature or Stamp                      Print name (if not stamped)                      Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COLLEGE APPROVAL

*Please return this form to ACES Academic Programs in 128 Mumford Hall.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
College Action                      Dean's Signature                      Date