

UNIVERSITY OF NORTH★TEXAS™

R-53 - REQUEST FOR POSTING SPECIAL TITLE/TOPIC/SUBJECT

Please mark one (only):

Change Title/Subject for Entire Class *

Change Title/Subject for ONE Student Only**

200 _____

Term: Fall

Spring

Summer Session:

3W1

SUM

10W

8W1

5W1

5W2

All information on this form is for this section:

Subject Abbreviation	Course Number	Section Number	Credit Hours

Title: _____

(Please print)

* For entire class, abbreviate course title with no more than 30 characters.

Student Information

Student's First & Last Name	Student ID #

* If requesting a course title substitution **for an entire class**, this form should be forwarded to the Registrar's Office: Schedule of Classes section, Room 147, Eagle Student Services Building. Fax: (940) 565-4463

** If requesting a course title substitution **for an individual student**, this form should be forwarded to the Registrar's Office: Student Records Department, Room 209, Eagle Student Services Building.

A request for course title substitution should be sent within thirty (30) days of the succeeding semester.

Signature: _____

Instructor or Dept Chair

Date: ____/____/____

Phone: _____