

Salt Lake City School District
Information Systems
Course Change Form

Current Course #: _____ Current Course Title: _____

Describe what needs to be changed: _____

Use grid if changing title. Titles limited to 20 characters including spaces:

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Current

Full Year Semester Active Not Active

Department _____

Grade Level(s) _____

Graduation Requirement: _____

USOE Course Number _____

CTE CIP Number _____

Curriculum Specialist:

Change To

Full Year Semester Activate Deactivate

Department _____

Grade Level(s) _____

Graduation Requirement: _____

Effective for the school year: _____
Year

USOE Course Number _____

CTE CIP Number _____

Print Name

Director, Career & Technical Education

Signature

Date

Signature

Executive Director, Teaching and Learning:

Date

Tiffany Hall

Signature

Date

Requested action reviewed and approved:

Sam Quantz
Director, Student Information

Signature

Date

Requested action completed:

Christy Rogers
Student Information Business Analyst

Signature

Date