

IDAHO STATE UNIVERSITY
CHANGE OF COURSE TITLE

To the Registrar:

Date: _____

Student Id: _____

Student's Name: _____

The title of the course below was recorded as: _____

Course: _____ Section: _____ in Semester: _____

This title should be modified to: _____

Rationale for modification: _____

Approved By:

Instructor Dept.

Chairperson/Asst. Dean

White – Registrar

Yellow – Instructor

Pink – Dept. Chair

Gold – Student