

UNIVERSITY OF NORTH★TEXAS™

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

For use with an existing section

Please mark one (only):

() Change Title/Subject for Entire Class * () Change Title/Subject for ONE Student Only**

20 _____

Term: () Fall () Summer Session:
 () Spring 3W1 8W1
 SUM 5W1
 10W 5W2

All information on this form is for this section:

Subject Abbreviation	Course Number	Section Number	Credit Hours
HIST			

Instructor Name: _____

Title: _____

(Please print) * For 5900/6900 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

Date: ____/____/____

Phone: _____