

Course Director Change Request Form

Instructions: Course Directors are to make syllabi changes between class offering. If a unique circumstance occurs and you need to make a change to a released syllabus and/or Class Cohort Clinical Expectations and Competency Assessments Worksheet (posted in Canvas, DMD Class of XXXX) you must complete this form and submit it to your Department Chair. The Department Chair will review the information on this form and if in agreement, add their signature to this form and proceed to send to the Associate Dean of Academic Affairs for final action(s).

Course Number	/Course Name	
Change requested:		
Justification for change a	t this time:	
Course Director Signatur	e/Date:	
Department Chair Signat	ure/Date:	
Associate Dean of Acade	mic Affairs Signature/Date:	