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| **Course Change Form** |
| \*\**This form must be EMAILED as a Word Document ONLY to cramer@ulm.edu.\*\**  |  |
| *(Hardcopy/PDF submissions will not be processed.)*

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| **Semester** |       |
| **Year** |       |

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|  |  |  | \*\*\*Only fill in below fields that need to be changed\*\*\* |
| **Subject***\*required\**  | **Course***\*required\** | **CRN***\*required\** | **Method***Dropdown Menu* | **Part-of-Term***Dropdown Menu* | **Day(s)** | **Time** | **Location** | **Cap.** |
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