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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.)*   |  |  | | --- | --- | | **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.** |
|  |  |  | no change | no change |  |  |  |  |
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