

SUBSTANTIAL CHANGE FORM

Course Name: _____

Course No. _____ Contact Person _____

Contact Phone: _____ Contact e-mail _____

IDENTIFY SUBSTANTIAL CHANGE:
Submit all changes. Attach additional pages as necessary

Course:

Subject Matter / Objectives:

Materials:

Difficulty Level:

Course Hours:

Provider:

Name _____ Address _____

Phone: _____ E-mail _____

Instructor: _____ Date Effective _____

Administrator's Signature _____