



LACCD Course Change Request Form

Current Course Subject (CB01A) & Number (CB01B) _____
 ECD # _____
 Current Course Title (CB02) _____
 Requesting College _____
 Requested Effective Term _____
 Date Submitted to District _____

Instructions: use this form to request course changes for both credit and noncredit courses.

- **District** attribute changes require 10 day posting. Refer to the E-Posting Calendar on the curriculum website. **Local** (college) attribute changes do not require posting.
- **Department changes:** please send a list of courses you want to change, their current department, their new department, and the effective term to DO Curriculum.

CB #	District Attributes	New Value
CB02	Course Title (68 character max)	
If changing CB02 include new Transcript Title (20 character max)		
CB03*	TOP Code	
CB04	Degree Applicability	
CB05	CSU Transferability	
CB06/07*	Units	
CB08	Basic Skills Status	
CB09*	SAM Code	
CB10	Coop Work Experience	
CB12	Repeatability (if yes list # of times)	
CB13	Special Class Status (disabled)	
CB21	Levels Below Transfer	
CB22	Noncredit Category	
*Change requires all colleges offering the course to obtain a new control number		
CB #	Local (College) Attributes	New Value
CB05	UC Transferability	
CB11	Classification Code	
CB23	Funding Agency Category	
CB24	Course Program Status	
If course is program-applicable, list at least one program control number		
	Lecture Hours	
	Lab Hours with hw w/o hw	
	Grading Basis	
Notes:		