

| | |
|----------------------------------------------------------------------------------|-------------------------------------------------------|
| CHAMP Course Playbook Change Request | College: _____ Date _____ |
| | College contact: _____ |
| Current course information: | Prefix, number, title, number of credits, certificate |
| Change course prefix to: | |
| Change course number to: | |
| Change course title to: | |
| Change number of credits to: | |
| Add course to existing certificate/degree: | |
| Remove course from existing certificate/degree: | |
| New course addition information: | Prefix, number, title, number of credits, certificate |
| If course is an addition or deletion to/from a current certificate/degree: | Date CTE program approval completed |
| Master build: | Date completed/submitted |
| Master build: | In development by: Name, college, email |

Please fill out this form and forward to Brenda Perea at brenda.perea@cccs.edu.