

**Federal Programs Professional Development  
Tuition Assistance  
Request for Course Change Form**

*To change a course after you have received approval, you must submit a Request for Course Change Form and receive approval for the request.*

\_\_\_\_\_  
Semester                      Year                      Name of Louisiana State-Approved University

Name: \_\_\_\_\_  
          Last                      First                      Middle/Maiden                      Munis ID Number

\_\_\_\_\_  
Home Address                                              Telephone Number

\_\_\_\_\_  
City, State and Zip Code                                              Student ID Number

\_\_\_\_\_  
Current School Assignment

**Course(s) Previously Approved:**

Department	Course #	Course Title
_____	_____	_____
_____	_____	_____

**Requested Course(s) Change:**

Department	Course #	Course Title	Approved Amount
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Assistant Superintendent                      Date                      Director of Program                      Date