



LACCD Course Change Request Form

Course Subject
& Number (e.g., ACCTG 001) _____
 Requesting College _____
 Requested Effective Term _____

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

- **District attribute changes:** 10-day e-posting is required when offered at multiple colleges.
- **Department changes:** for mass course department changes, please email a complete list to DO Curriculum rather than complete individual course change request forms.

After necessary approval(s)/e-posting if necessary, Academic Affairs should update the course in COCI. If a new control number (CB00) is issued, add the control number to eLumen.

District Attributes

CB #	Description	Value
CB02	Course Title (68 characters max)	
-	Transcript Title (30 characters max)	
CB03	TOP Code	
CB04	Course Credit Status	
CB05	Transfer Status	
CB06/CB07	Units of Credit	
CB08	Basic Skills Status	
CB09	SAM Code	
CB10	Coop Work Experience	
CB13	Special Class Status	
CB21	Levels Below Transfer	
CB22	Noncredit Category	
CB27	Upper Division Status	
-	# of times repeatable (if applicable)	
-	LACCD GE Area (if applicable)	

College Attributes

CB #	Description	Value
CB11	Classification Code	
CB23	Funding Agency Category	
CB24	Program Status	
CB25	General Education Status	
CB26	Support Course Status	
-	Standard Lecture Hours	
-	Standard Lab Hours <input type="checkbox"/> 3:0 <input type="checkbox"/> 2:1	
-	Grading Basis	
-	College Department Number	
-	Course Requisite Type & Course (e.g., Prerequisite: A S L 001), if applicable	

Notes: