

## Contact Information

Name: \_\_\_\_\_ G00 #: \_\_\_\_\_  
 Campus: \_\_\_\_\_ Dept. Chair: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Request Details

For each course included in the request, identify the part of term, CRN, rubric, section number and whether the course has 15 or more paid enrollments. If there are fewer than 15 paid enrollments, indicate whether the department chair has approved the course. If you need assistance completing this form, check with the your department support staff.

Part of Term	CRN	Rubric	Course Number	Section Number	15 + Paid Enrollments?		DC Approval? If fewer than 15 paid enrollments.	
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No

*I have exported any needed content for the above courses prior to submitting this course merge request. I understand I am responsible for loading content into the merged course site.*

**Digital Signature (Requestor)**

**NOTE: Attaching the completed form to an email from your SJC email account is sufficient in lieu of a digital signature.**

**Email completed request form, from your SJC email account, to Blackboard Support at [bbsupport@sjcd.edu](mailto:bbsupport@sjcd.edu).**

**For Ed Tech Office Use Only**

DC Approval: \_\_\_\_\_ Email Sent by: \_\_\_\_\_ Request Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_