**UNIVERSITY OF ABERDEEN**

**REQUEST TO CAP A COURSE**

**OR**

**CHANGE A CAP ON A COURSE**

|  |  |
| --- | --- |
| **Course Code** |  |
| **Title** |  |
| **What is being requested?**(Select appropriate box and provide more detail below) | **Add a cap** | **Remove a cap** | **Increase a cap** | **Decrease a cap** |
| **Current cap** | zero |  |  |  |
| **Proposed cap** |  | zero |  |  |
| **Rationale for change** |  |

**Other Changes to Course?**

|  |  |  |
| --- | --- | --- |
| **Are any changes to be made to the course?**If Yes, please complete a Course Change form | **Yes?** | **No?** |

**SIGNATURES OF APPROVAL**

Approved by: (Head of School)

Date:

Approved by: (for Partner Institution)

Date: