

SCHEDULE CHANGE REQUEST

COLLEGE _____
DEPARTMENT _____

SEMESTER / YEAR / PART OF TERM _____
DATE OF REQUEST _____

CHECK REQUESTED ACTION:

Cancel Section Course / No. / Section / CRN _____ #Enrolled _____
Course / No. / Section / CRN _____ #Enrolled _____
Course / No. / Section / CRN _____ #Enrolled _____

Change Building & Room from _____ To _____ Course / No. / Section / CRN _____
_____ To _____ Course / No. / Section / CRN _____
_____ To _____ Course / No. / Section / CRN _____

Change Number of Seats from _____ To _____ Course / No. / Section / CRN _____ #Wait List _____
(add Wait List to section) _____ To _____ Course / No. / Section / CRN _____ #Wait List _____
_____ To _____ Course / No. / Section / CRN _____ #Wait List _____

Change Instructor _____ To _____ Course / No. / Section / CRN _____
from *(must include* _____ To _____ Course / No. / Section / CRN _____
N number) _____ To _____ Course / No. / Section / CRN _____

Create Section *(Complete entire section below to create a class.)* Are adjunct/overload funds needed for class to create? Yes No

Course	No.	Section	Schedule Type	Cr.	Day/Time (military time)	Bldg	Room	Instructor/N Number <i>(must include N number)</i>	#Seats	#Wait List	Override (Room, Instructor, Both)

Special Instructions (Department Approval, Topics course title, Major restriction, etc.) _____

*Justify all changes on this request. _____

APPROVED: _____
Department Head in which course is offered (Date)

APPROVED: _____
Dean of College in which course is offered (Date)