

Schedule Change Form

Main Campus Off Campus/External

Do not use this form to add new classes to the schedule!!

Signatures of the College/School Dean are required for all course changes. Include first and last name on all instructors and submit an instructor update form for any new instructors.

Campus/Center

Date Submitted

Term

Semester/Year

Please check appropriate box.

1) CLASS CODE	DEPARTMENT		COURSE #	TITLE
Instructor		to		Reason:
Day and/or time		to		Reason:
Building/Room		to		Reason:
Method of Instruction		to		Reason:
Enrollment		to		Reason:
Other		to		Reason:
Cancel		to		Reason:
Chat time		to		Reason:
ITV Beamed from		to		Reason:

Please check appropriate box.

2) CLASS CODE	DEPARTMENT		COURSE #	TITLE
Instructor		to		Reason:
Day and/or time		to		Reason:
Building/Room		to		Reason:
Method of Instruction		to		Reason:
Enrollment		to		Reason:
Other		to		Reason:
Cancel		to		Reason:
Chat time		to		Reason:
ITV Beamed from		to		Reason:

Approvals:

Department Chair Date

College/School Dean Date

Registrar's Office 02/18/21

ENTERED: _____ **DATE:** _____