

# Change to Current Term Class Schedule

**CHECK ONE:**

SPRING \_\_\_\_\_  
SUMMER \_\_\_\_\_ 12 Week \_\_\_\_\_ May \_\_\_\_\_ 9 Week \_\_\_\_\_ "A" Session \_\_\_\_\_ "B" Session  
FALL \_\_\_\_\_

**CHECK ONE:**

Section Change from \_\_\_\_\_ to \_\_\_\_\_ Course Cancellation \_\_\_\_\_ Course Addition \_\_\_\_\_ Instructor Change \_\_\_\_\_  
Increase Class Size from \_\_\_\_\_ to \_\_\_\_\_ Decrease Class Size from \_\_\_\_\_ to \_\_\_\_\_ \*Room Change \_\_\_\_\_

**\*Only valid after classrooms are assigned.**

**JUSTIFICATION FOR CHANGE:**

\_\_\_\_\_  
\_\_\_\_\_

**ORIGINAL COURSE INFORMATION**

\_\_\_\_\_  
Call Number Course Prefix Course Number Section Code Term Session Year  
\_\_\_\_\_  
Course Title Credit Hours  
\_\_\_\_\_  
Time Class Begins Time Class Ends Days Class Meets: M T W TH F SA SU Class Size

**NEW COURSE INFORMATION**

\_\_\_\_\_  
Call Number Course Prefix Course Number Section Code Term Session Year  
\_\_\_\_\_  
Course Title Credit Hours  
\_\_\_\_\_  
Time Class Begins Time Class Ends Days Class Meets: M T W TH F SA SU Class Size

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Instructor's Name (If instructor is changing, add Social Security Number) Instructor's Signature Date

\_\_\_\_\_  
Department Phone Department Chair's Signature Date

\_\_\_\_\_  
School Dean's or Associate Dean's Signature Date

\_\_\_\_\_  
Associate Provost's Approval Date

From: \_\_\_\_\_ To: \_\_\_\_\_ Update STARS \_\_\_\_\_  
Bldg/Room Bldg/Room

Processed by: \_\_\_\_\_

**Please Note: Department must notify student of course cancellations or section changes.**