

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.