

CLASS SCHEDULE CHANGE SHEET

TERM _____ YEAR _____ COLLEGE _____ DIVISION _____

SUBMIT TO: Registrar

NOTE: All Schedule Changes and other Scheduling Documents must be signed by the appropriate School Dean.

COURSES CANCELLED

CRN	Prefix & Course #	CRN	Prefix & Course #	CRN	Prefix & Course #

COURSES ADDED

CRN	Prefix & Course #	Title	CR	Max Size	Grade Method	Instructor	Days/Times

** If the instructor is a new appointment please include last name, first name and V#.

Comments

CRN	Comments

COURSES CHANGED

CRN	Prefix & Course #	Nature of change (time, day, room, instructor, etc.)

APPROVALS

Scheduler _____ Ext. _____

Division/Dept. Chair _____ Date: _____

Dean: Liberal Arts or Education _____ Date: _____

Provost _____ Date: _____

For Registrar's Office Use Only:

Copy to: [] Dean [] Division [] Department [] DCE Notify student [] Date: _____