

Schedule of Classes Change Form

Add Class Department Name _____
 Cancel Class CRN _____ Course Number _____ Subject Abbrev. _____
 Change Class Variable Course _____
 Time/Day Yes No Class Capacity _____ Special Approval
 Bldg/Room Only if Yes: Yes No
 Other Fixed Cr Hr _____
 Special Pricing Yes No Rate# _____ Description _____

Term/ Year	Summer Part of Term	Instructor Banner ID	Days Scheduled							Hours		Bldg. Code	Room No.
			U	M	T	W	R	F	S	Begin	End		

Flex Course
 Yes No

Start Date _____
 End Date _____
 Instructional Method:
 Distant Learning
 Video Conferencing

Reason for Change: _____

Date _____ Dept. Chairs Approval _____
 Date _____ Dean's Approval (for add classes only) _____
 Date _____ Registrar's Approval _____