

REQUEST FOR SCHEDULE CHANGE

Department: _____ School: _____ Date: _____

Semester: Fall: Spring: May Express: Summer Session Full Session: First Session Second Session Third Session

INSTRUCTIONS: List classes to be changed below. Indicate the type of change in the code column. For currently scheduled courses, list the course as it is currently scheduled on one line and then list the course with the proposed change on the next line. Changes must include all information for the course and must have the signature of the Department Chair, Academic Dean and the Vice-President for Academic Administration.

Change codes are as follows: **X** = Course as currently scheduled **A** = Course to be deleted **C** = Course with proposed change **B** = New course to be added

Example: COMM104-001 Communication Skills 3 8:30 9:20 M-TH NH01 22 08645 Bauer, Luanne X
 COMM104-001 Communication Skills 3 9:30 10:20 T-F NH212 22 08645 Bauer, Luanne C

CRN	Course Acronym & Number	Sec.	Course Name	Cross-listed with	Credits	Start Time	Stop Time	Days	Room	Max	Instructor ID#	Instructor	Code

Reason for Change:

Department Chairperson: _____ Signature Academic Dean _____ Signature