



CLASS SCHEDULE REQUEST FORM

RECEIVED

_____ Year

Spring
 Summer
 Fall

Addition
 Change
 Cancellation

Note: Changes that do not require department chair and assistant director or director signatures may be submitted via email to faculty support.

- Waitlist changes-increasing the enrollment due to students being added from the waitlist
- Section Note Changes
- Location changes (Room, Buildings)

Please include all course information (department, course number, section number, and course reference number)

CRN	DEPT	COURSE No.	SECTION	COURSE TITLE
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Requested changes: (Please fill out only the information that needs to be changed.)

START <i>Course dates</i>	END	MEETING DAYS	START <i>Meeting times</i>	END	CREDITS
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INSTRUCTOR	INSTRUCTOR ID	BLDG/ROOM	MAX <i>Course Capacity</i>	Waitlist
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Does this course require instructor approval? Yes No

Delivery Method (Please X all that apply.)

<input type="checkbox"/>	Face-to-Face
<input type="checkbox"/>	Online/Web Delivered
<input type="checkbox"/>	Video Conference
<input type="checkbox"/>	Multimedia
<input type="checkbox"/>	Web Meeting
<input type="checkbox"/>	Internship/Practicum

Session Code: _____

- 0= 0% location based
1= 1-20% location based
2= 21-50% location based
3= 100% location based

Is this course cross-listed with any other courses?

If so, please list courses: _____

*** Admin Use Only ***	
Fee Type	Amount
Self-Support	\$ _____
Non Credit	\$ _____
CEU Fee	\$ _____
Lab Fee	\$ _____
Other	\$ _____

Section Notes:

Prepared by: _____ Email: _____ Phone: _____

Department Chair: _____ Date: _____

Director or Assistant Director: _____ Date: _____