

SCHEDULE CHANGE FORM

(Only **ONE** action may be requested per form)

Year _____ Semester: Fall Spring Summer: Term _____

<input type="checkbox"/> ADD SUBJ _____ NUM _____ SEC _____ CR.HR. _____ DAYS/TIME _____ MAX ENROLLMENT _____ BLDG/ROOM _____ INSTRUCTOR (full name) _____ SPECIAL RESTRICTIONS OR APPROVAL _____

<input type="checkbox"/> CHANGE		
CRN _____ SUBJ _____ NUM _____ SEC _____ CR.HR. _____		
	FROM	TO
Section		
Days		
Time		
Enrollment Cap		
Bldg/Room		
Instructor (full name)		
Special Restrictions or Approvals		

<input type="checkbox"/> CANCEL	
CRN _____ SUBJ _____ NUM _____ SEC _____ CR.HR. _____	
INSTRUCTOR _____	ENROLLMENT _____

Reason for Change: _____

Signature of Department Chair **Date**

Signature of College Dean **Date**
 After the College Dean affixes signature, send copies to the Registrar and the Bookstore Director.

Registrar's Office Use: Banner Updated: _____ ASTRA Schedule Updated: _____
