



# Request for Change(s) in Class Schedule

All items marked with an \* are required  
FAX completed form to ISIS records at Ext. 3030

**Please Note:** to change a title and/or catalogue number you must use the "Request to Add/Change a Course in Course Catalogue" form. Do not use this form.

<b>Course Information</b>	
<input type="checkbox"/> Schedule a course	<input type="checkbox"/> Cancel Course
<input type="checkbox"/> Change published scheduled meeting time/days.	
*Term _____	*CE Session _____
*Subject Area _____	*Catalogue Number _____
*Section Number _____	
*Course Title as it exists in the course catalogue: _____ _____	
*Instructor: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First Name</span> <span>Last Name</span> </div>	

<b>Meeting Patterns*(all information is required)</b>	
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday	
Meeting time start _____	Meeting time end _____
Final Exam required? _____	
Location <input type="checkbox"/> North Campus	<input type="checkbox"/> South Campus
<input type="checkbox"/> Off Campus	<input type="checkbox"/> On Line
Comments _____	
Maximum Enrollment allowed _____	Permission numbers requested _____

\_\_\_\_\_  
\*Chairperson/Coordinator Signature

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Dean Signature

\_\_\_\_\_  
\*Date

<b>Records Office Use:</b>	
Course entered by: _____	Date: _____
Course ID: _____	