# Request for Change(s) in Class Schedule

All items marked with an * are required
FAX completed form to SIS records at Ext. 44076

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.

## Course Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Schedule a course</td>
<td>□ Cancel Course</td>
</tr>
</tbody>
</table>

*Term __________________________  *CE Session __________________________
*Subject Area ____________  *Catalogue Number __________________________
*Course Title as it exists in the course catalogue:
________________________________________________________________________
________________________________________________________________________

*Instructor: ________________  ________________
First Name  Last Name

## Meeting Patterns*(all information is required)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Monday</td>
<td>□ Tuesday</td>
</tr>
</tbody>
</table>
Meeting time start ______________  Meeting time end ______________
Final Exam required? __________

Location □ North Campus  □ South Campus  □ Off Campus  □ On Line

Comments __________________________________________________________________

Maximum Enrollment allowed__________  Permission numbers requested__________

*Chairperson/Coordinator Signature  *Date

*Dean Signature  *Date

## Records Office Use:

Course entered by: ____________________________  Date: ________________
Course ID: __________________________________