# Request for Change(s) in Class Schedule

All items marked with an * are required
FAX completed form to ISIS 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

- [ ] Schedule a course  
- [ ] Cancel Course  
- [ ] Change published scheduled meeting time/days.

*Term ____________________  

*Subject Area ________________  

*Catalogue Number ____________  

*Section Number ________________  

*Instructor: __________________________  
First Name  
Last Name  

*Course Title as it exists in the course catalogue:

______________________________________________________________________________

______________________________________________________________________________

**Meeting Patterns**(all information is required)

- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday  
- [ ] Saturday  
- [ ] Sunday

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: __________________________