Complete this form and return it to the Registrar to request any changes, additions, or deletions to the Class Schedule.

☐ ADD A NEW SECTION  ☐ DELETE THIS SECTION  ☐ CHANGE THIS SECTION

Semester _______ Year ___________ Course Reference Number (CRN) _________

SUBJ__________ Course Number _________ Credit(s) _________ Max Enroll ________

Course Title ________________________________________________________________

Instructor’s Name: ____________________________________________________________

Last                                                        First

Requested Begin time: ___________ End time: ___________

Days (circle): Mon Tue Wed Thu Fri

Room desired (subject to availability): Choice 1: ___________ Choice 2: ___________

Please check applicable boxes:

☐ IN - Instructor’s Permission ☐ Fee Detail Code: _______ Amount $ _______

☐ Prerequisites: _______________________________________________________________

Reason for Add / Delete / Change: ______________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Instructor’s Signature: ___________________________ Date: _______________________

Department Chair’s Approval is required for all ADDs or DELETEs.

Departmental Chair’s Signature: ______________________________

Return this completed and signed form to the Registrar

For use by the Office of the Registrar

Registrar’s Approval: ___________________________ Date: _____/____/_______

Completed By: ___________________________ Date: _____/____/_______