

## SCHEDULE CHANGE FORM

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

Year \_\_\_\_\_ Semester:  Fall  Spring  Summer: Term \_\_\_\_\_

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