



# Class Schedule Change Course Section Add/Delete/Change

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: \_\_\_\_/\_\_\_\_/\_\_\_\_