COURSE SCHEDULE CHANGE REQUEST

DEPARTMENT NAME

YEAR: 2___ FALL ___ SUMMER: CORRESPONDENCE ___ SPRING____ ADD DELETE CHANGE ADD DELETE CHANGE ADD DELETE CHANGE COURSE #: - -COURSE #: ______ COURSE #: - -COURSE TITLE: COURSE TITLE: ____ COURSE TITLE: (Maximum 24 characters) (Maximum 24 characters) (Maximum 24 characters) INSTRUCTOR: INSTRUCTOR: INSTRUCTOR: DAYS: _____ DAYS: DAYS: BEG______END____ BEG_____END____ BEG END CLASS TIME: CLASS TIME: CLASS TIME: REQUESTED LOCATION: REQUESTED LOCATION: REOUESTED LOCATION: ACTUAL LOCATION: ACTUAL LOCATION: ___ ACTUAL LOCATION: MIN MAX____ MIN MAX MIN MAX CREDIT HOURS: CREDIT HOURS: CREDIT HOURS: BILLING HOURS: MIN MAX____ MIN MAX BILLING HOURS: MIN MAX BILLING HOURS: SCHEDULE TYPE: SCHEDULE TYPE: SCHEDULE TYPE: LEC____ DIS____ LAB____ LEC____ DIS___ LAB___ COR____ LEC____ DIS____ LAB____ COR COR IND ____ INT ___ SEM ___ OTHER IND ____ INT ___ SEM ___ OTHER ___ IND ____ INT ___ SEM ____ OTHER GRADE MODE: GRADE MODE: GRADE MODE: NORMAL NONGRADED AUDIT NORMAL NONGRADED AUDIT NORMAL NONGRADED AUDIT CREDIT BY EXAM PASS/FAIL CREDIT BY EXAM PASS/FAIL CREDIT BY EXAM PASS/FAIL MAX. ENROLLMENT: _____ FEES: \$_____ MAX_ENROLLMENT: FEES: \$ MAX. ENROLLMENT: FEES: \$_____ VOICE RESPONSE: YES_____NO VOICE RESPONSE: YES NO VOICE RESPONSE: YES____ NO____ CROSS LISTED WITH#: ______ CROSS LISTED WITH#: -___-CROSS LISTED WITH#: - -PRINT IN NEWSPAPER: YES _____ NO ____ PRINT IN NEWSPAPER: YES _____ NO ____ PRINT IN NEWSPAPER: YES ____ NO ____ (check one below) (check one below) (check one below) IS THIS A PERMANENT CHANGE TO THE COURSE? IS THIS A PERMANENT CHANGE TO THE COURSE? IS THIS A PERMANENT CHANGE TO THE COURSE? DOES THIS CHANGE THE COURSE FOR THE SEMESTER ONLY? DOES THIS CHANGE THE COURSE FOR THE SEMESTER ONLY? DOES THIS CHANGE THE COURSE FOR THE SEMESTER ONLY?

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