



COURSE SCHEDULE CHANGE REQUEST

Registrar's Office

Department Name: \_\_\_\_\_

Year: 2 \_\_\_\_\_  Fall  Spring  Summer:  1  2  3  4  5  6  7

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE CRN _____	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE CRN _____
COURSE #: _____ - _____ - _____ Course Title: _____ <small>(Maximum 30 characters including spaces)</small> Instructor: _____ Days: _____ Class Time: Beginning _____ Ending _____ Requested Location: _____	COURSE #: _____ - _____ - _____ Course Title: _____ <small>(Maximum 30 characters including spaces)</small> Instructor: _____ Days: _____ Class Time: Beginning _____ Ending _____ Requested Location: _____
CREDIT HOURS: Minimum _____ Maximum _____ BILLING HOURS: Minimum _____ Maximum _____	CREDIT HOURS: Minimum _____ Maximum _____ BILLING HOURS: Minimum _____ Maximum _____
SCHEDULE TYPE: <input type="checkbox"/> LEC <input type="checkbox"/> DIS <input type="checkbox"/> LAB <input type="checkbox"/> WEB <input type="checkbox"/> IND <input type="checkbox"/> INT <input type="checkbox"/> SEM <input type="checkbox"/> OTHER	SCHEDULE TYPE: <input type="checkbox"/> LEC <input type="checkbox"/> DIS <input type="checkbox"/> LAB <input type="checkbox"/> WEB <input type="checkbox"/> IND <input type="checkbox"/> INT <input type="checkbox"/> SEM <input type="checkbox"/> OTHER
GRADE MODE: <input type="checkbox"/> Letter <input type="checkbox"/> Nongraded <input type="checkbox"/> Audit <input type="checkbox"/> Credit by exam <input type="checkbox"/> Pass/Fail	GRADE MODE: <input type="checkbox"/> Letter <input type="checkbox"/> Nongraded <input type="checkbox"/> Audit <input type="checkbox"/> Credit by exam <input type="checkbox"/> Pass/Fail
Maximum Enrollment: _____ Fees: \$ _____ Web/VISION Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Cross Listed with #: _____ - _____ - _____	Maximum Enrollment: _____ Fees: \$ _____ Web/VISION Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Cross Listed with #: _____ - _____ - _____
Text Notes: _____ Course Restrictions: _____	Text Notes: _____ Course Restrictions: _____

Originator \_\_\_\_\_ Date \_\_\_\_\_ Chairman \_\_\_\_\_ Date \_\_\_\_\_ Dean \_\_\_\_\_ Date \_\_\_\_\_

Entered \_\_\_\_\_ Date \_\_\_\_\_