



**SCHEDULE CHANGE  
REQUEST FORM**

**Semester/Year Offered:**

**Fall** \_\_\_\_\_

**Spring** \_\_\_\_\_

**Summer** \_\_\_\_\_

Please fill out this form in its entirety. Sections I - VI will be filled out to reflect the course as it currently stands on the Schedule. In Section VII describe the change that is being requested.

I. Instructor's Name \_\_\_\_\_

II. College/Dept \_\_\_\_\_ III. Course Prefix \_\_\_\_\_ & No. \_\_\_\_\_, Section \_\_\_\_\_  
CRN: \_\_\_\_\_

IV. Course Title \_\_\_\_\_

V. Credits \_\_\_\_\_

VI. Meeting Time/Place: Time \_\_\_\_\_ Day M T W Th F S WEB

Building \_\_\_\_\_ Room Number \_\_\_\_\_ Cap \_\_\_\_\_

VII. Description of change being requested and justification if applicable:

**APPROVALS**

Date \_\_\_\_\_ 20\_\_\_\_ Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ Dean/Chair of College listed above \_\_\_\_\_

**FOR OFFICE USE ONLY**

Changes Entered into Banner by: \_\_\_\_\_ Date: \_\_\_\_\_