PRE-PUBLICATION CLASS SCHEDULE CHANGE FORM

Master File ____
Protocol ____
WORD ____
Ind ____
RC ____

SEMESTER: ☐ Fall ☐ Spring ☐ Summer ☐ Winter YEAR: _____

COURSE/NUMBER: _____ SECTION NUMBER: _____

Change:	**Time** Please specify AM/PM – LEC/LAB	**Day(s)**	**Instructor**	**Bldg/Room**	**Class Limit**	**Hrs/Week Con/Hrly**
From:						
To:						

☐ **ADD CLASS** ☐ **CANCEL CLASS** **Short-Term Dates:** _____

REMARKS: _____

REQUESTED BY: _____ DATE: _____
Department Chairperson

APPROVED BY: _____ **Special Funding:** _____
Area Dean