OFFICIAL REQUEST FOR CHANGE IN ACADEMIC SCHEDULE
(For the Academic Schedule Only)

ALL INFORMATION, INCLUDING FACULTY ID NUMBER IS NEEDED BEFORE A CHANGE CAN BE PROCESSED.

Indicate Semester: ☐ Winter ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III ☐ Fall _____ Year

INSTRUCTOR'S CHANGE (Only)			COURSE CHANGES (Only)						
Add Instructor's Name	Change Instructor's Name	Social Security Number (**Must** be included)	Course Prefix and **Number** (Indicate course here)	Change Day/Time From	Change Day/Time To	Seats (Indicate Number) Add Delete		Add Section (Indicate section number only)	Delete Section (Indicate section number only)

Approved: _____   _____

Department Chair/Director   Date   Dean   Date

Entered in Computer Database by:
/cjc   /elt   Date: _____