

## CLASS SCHEDULE CHANGE/CORRECTION FORM

Term: \_\_\_\_\_

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

Date: \_\_\_\_\_

Please make the following changes, corrections, additions, and/or deletions in the class schedule for the semester designated above.

**CHANGES/CORRECTIONS:**

CRN	COURSE NO.	CHANGE FROM	CHANGE TO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**CLASSES TO BE ADDED TO SCHEDULE:**

SUBJECT AND COURSE NO.	COURSE TITLE	CREDIT	DAY	TIME	ROOM	DISTANCE ED CODE*	INSTRUCTOR	GRADE OPTION	MAX CAP

*Distance Ed. Codes:	CODE	DESCRIPTION
	HYSY	Distance-Hybrid; Synchronous
	HYAS	Distance-Hybrid; Asynchronous
	ELSY	Distance-Electronic; Synchronous
	ELAS	Distance-Electronic; Asynchronous

**CLASSES TO BE DELETED FROM SCHEDULE:**

CRN	SUBJECT AND COURSE NO.	COURSE TITLE	TIME	ROOM	INSTRUCTOR

Chairperson / Director \_\_\_\_\_

College Dean \_\_\_\_\_