

CHANGES TO SCHEDULE OF CLASSES AFTER PRINT DEADLINE Registrar's Office



ADD CHANGE CRN _____ TERM _____
 DELETE

TITLE: _____ Circle One: *Lec Lab Rct Stu Ind Sem*

ENROLLMENT: _____ **DATES:** *Start* _____ *End* _____

SITE (Nursing) _____ **SESSION (summer only)** _____ **CREDITS** _____

INSTRUCTOR:

Name: _____ *ID#* _____

NOTES: *(add only, common hour, restricted entry, etc.)* _____

JUSTIFICATION: _____

MEETINGS

DAYS *(M, T, W, R, F, S, U)*

-----TIMES-----

START

STOP

BLDG

ROOM

DAYS <i>(M, T, W, R, F, S, U)</i>	START	STOP	BLDG	ROOM

* Course deletions and additions require all three signatures.

 Department Head Date

 College Dean Date

 Provost Office Date