

# Authorization to Change Course Schedule

This form must be used whenever a change in the published annual Schedule of Courses is requested. If multiple changes are requested, only one authorization form is required.

Today's Date: \_\_\_\_\_

Semester of Change (check): Fall \_\_\_\_\_  
 Spring \_\_\_\_\_ Intersession \_\_\_\_\_

Year of Change: \_\_\_\_\_  
 And All Future Terms \_\_\_\_\_  
 Dates of Class \_\_\_\_\_

From or Cancel:						
CRN	DEPT	COURSE	SECTION	CAP SIZE	BLDG/ROOM#	TITLE
TIME			DAYS	# OF CREDITS		INSTRUCTOR (First & Last Name)
To or Add:						
CRN	DEPT	COURSE	SECTION	CAP SIZE	BLDG/ROOM#	TITLE
TIME			DAYS	# OF CREDITS		INSTRUCTOR (First & Last Name)

Please check the following that apply:

Consent of Instructor \_\_\_\_\_

Teacher Ed Required \_\_\_\_\_

Cross-Listed \_\_\_\_\_

Variable Credits \_\_\_\_\_

Internet \_\_\_\_\_

Pass/Fail **ONLY** \_\_\_\_\_

Can **NOT** be Audited \_\_\_\_\_

Co-requisite with... \_\_\_\_\_

### Required Signatures

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Use Only

Date \_\_\_\_\_ Initials \_\_\_\_\_