Schedule Change Request

School

Term

Course Number

Course Title

Requestor

Year

Type of Change

☐ Meeting Days ☐ Adding a Course ☐ Adding WebCT to course

☐ Meeting Time ☐ Deleting a Course ☐ Instructor

Change:

Confirm that this change conforms to Current Rotation: __________________________

(yes or no; signature of chair & dean)

Reason/Justification for Change & Address Rotation if deviating from standard (required):

________________________________________

________________________________________

________________________________________

Faculty Signature:

________________________________________

Associate Dean or Dept. Chair: __________________________

Date: __________________________

Approved ☐ Rejected ☐

Dean: __________________________

Date: __________________________

Approved ☐ Rejected ☐

Provost: __________________________

Date: __________________________

Approved ☐ Rejected ☐

Entry Completed _____

Revised 9/25/09