ACADEMIC CLASS SCHEDULE CHANGE FORM
OFFICE OF ENROLLMENT SERVICES
FAIRLEIGH DICKINSON UNIVERSITY

Check one: 
____ Add new course (See Part 1) 
____ Delete course (See Part 2) 
____ Make change to Course #: 

Semester 
Campus 
(See Part 3)

PART 1 
Please complete all of the following information if you are adding a new section:
Course #: 
Title: 
Section #: 
Credits: 
Capacity: 
Days: 
Professor: 
Room #: 
Cost Center#: 
Time: 
Requisites:
Restrictions: (For example, Executive MBA only, Accelerated Nursing only, ED Leadership only, VIDEO Majors only)
Notes: (For example, Adult Learner, Need Webmail Account, Sophomore Standing, Dept. Chair Approval)
Course Fee: 
Amt.to be Billed: 
Please Specify: (For example, Lab Fee, Travel Fee)
If there is a Travel Fee, please include the C/L acct# to be credited:

APPROVED BY: 
Department Chairperson 
Date: 
Dean 
Date: 

PART 2 
Please complete only the following information to DELETE a course:
Course #: 
Section#: 
Time/Days: 
Room#: 

APPROVED BY: 
Department Chairperson 
Date: 
Dean 
Date: 

PART 3 
Please make changes as indicated to Course Code #: 
Section#: 
From 
To 
Reason
Title: 
Day/Times: 
Credits: 
Capacity: 
Professor: 
Other:

APPROVED BY: 
Department Chairperson 
Date: 

Please return completed and signed form to the Campus Scheduling Office for processing and distribution. Thank you.

Computer Input Completed by: 

Original to: Enrollment Services 
Copy 2 to: Dean 
Copy 3 to: Department Chairperson