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

Check one:

_____	Add new course (See Part 1)	Semester _____
_____	Delete course (See Part 2)	Campus _____
_____	Make change to Course # : _____	(See Part 3)

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PART 1   Please complete all of the following information if you are adding a new section:

Course# : _____   Section # : _____   Credits: _____

Title: _____   Capacity: _____

Days: _____   Time: _____

Professor: _____   Room # : _____

Cost Center# : _____   Corequisites: _____

Restrictions:
Please Specify: _____

(For example, Executive MBA only, Accelerated Nursing only, ED Leadership only, VIDEO Majors only)

Notes:
Please Specify: _____

(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 G/L acct# to be credited: _____

APPROVED BY: _____   Date: _____

Department Chairperson

_____   Date: _____

Dean

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PART 2   Please complete only the following information to DELETE a course:

Course# : _____   Section# : _____

Time/Days: _____   Room# : _____

APPROVED BY: _____   Date: _____

Department Chairperson

_____   Date: _____

Dean

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PART 3   Please make changes as indicated to Course Code # : _____   Section# : _____

	From	To	Reason
Title:	_____	_____	_____
Day/Times:	_____	_____	_____
Credits:	_____	_____	_____
Capacity:	_____	_____	_____
Professor:	_____	_____	_____
Other:		_____	

APPROVED BY: _____   Date: _____

Department Chairperson

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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