



**ACADEMIC CLASS SCHEDULE CHANGE FORM  
OFFICE OF ENROLLMENT SERVICES**

Vancouver Campus

Check one:  Add new course  Delete course  Make change to course  
Semester \_\_\_\_\_

Course #: \_\_\_\_\_ Section #: \_\_\_\_\_ Credits: \_\_\_\_\_  
Title: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Days: \_\_\_\_\_ Time: \_\_\_\_\_  
Professor: \_\_\_\_\_ Room #: \_\_\_\_\_  
Cost Center #: \_\_\_\_\_ Corequisites: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
Please specify: (For example, Executive MBA only, Accelerated Nursing only, etc)  
Notes: \_\_\_\_\_  
Please specify: (For example, Webmail Account, Sophomore Standing, Dept. Chair Approval)  
Course Fee: \_\_\_\_\_  
Please specify: (For example, Lab Fee, Travel Fee)  
If there is a travel fee, please include the G/L Account to be credited: \_\_\_\_\_

Complete the following for changes to timetable.

	FROM	TO	REASON
Title:	_____	_____	_____
Days:	_____	_____	_____
Credits:	_____	_____	_____
Capacity:	_____	_____	_____
Professor:	_____	_____	_____
Time:	_____	_____	_____
Room:	_____	_____	_____
Other:	_____	_____	_____
Reason:	_____	_____	_____

APPROVED BY:	Campus Executive	_____	Date:	_____
	Department Head	_____	Date:	_____
	Director of Enrollment Services	_____	Date:	_____
	Payroll	_____	Date:	_____

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

Computer Input Completed by: \_\_\_\_\_

Original to: Enrollment Services

Notification to: Campus Provost    Department Chair    Students    Faculty    Advisor    Student Services