Western Oregon UNIVERSITY
Office of the Registrar

Class Schedule Change Sheet

TERM: _____ YEAR: _____ COLLEGE: _____ DIVISION: _____

SECTIONS TO CANCELLED

CRN	SUBJECT / COURSE # / TITLE	STUDENTS NOTIFIED	STUDENTS TO BE (MOVED, REMOVED):
		☐ Yes ☐ No Date: _____	
		☐ Yes ☐ No Date: _____	
		☐ Yes ☐ No Date: _____	
		☐ Yes ☐ No Date: _____	

SECTIONS TO BE ESTABLISHED (NEW)

SUBJ/COURSE Input TITLE in comments if changing	CR	MAX CAP	GRADE MODE	INSTRUCTOR	DAYS	TIMES	ONLINE or HYBRD*	NEW CRN
Comments:								
Comments:								
Comments:								

SECTIONS TO BE ALTERED

CRN	SUBJ/COURSE #	NATURE OF CHANGE (time, day, room, instructor, schedule type, instructional method, etc.)

APPROVALS

	Name	Signature	Date
Scheduler			
Division/Dept. Chair			
GenEd Director (FYS)			
Dean			

***Office Use Only:** ☐ **SSASECT** ☐ **SFASLTS** ☐ **SFAREGS** ☐ **Requester notified** **Processed by & date:** _____