

Western Oregon University
SUMMER - CLASS SCHEDULE CHANGE SHEET

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

SECTIONS TO BE CANCELLED

CRN	SUBJECT / COURSE #/ TITLE	STUDENTS NOTIFIED	STUDENTS TO BE (MOVED, REMOVED):
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	

SECTIONS TO BE ESTABLISHED (NEW)

SUBJ/COURSE Input TITLE in comments if changing	CR	MAX	GRADING	INSTRUCTOR	DAYS	TIMES Part of Term:	ONLINE or HYBRID	NEW CRN
1. COMMENTS/ROOM:								
2. COMMENTS/ROOM:								
3. COMMENTS/ROOM:								
4. COMMENTS/ROOM:								

SECTIONS TO BE ALTERED

CRN	SUBJ/COURSE	NATURE OF CHANGE {time, day, room, instructor, schedule type, instructional method, etc.}

APPROVALS

WHO	NAME	SIGNATURE	DATE
Scheduler			
Division/Dept. Chair			
Dean			
Sue Monahan			