

Class Schedule Change Sheet

TERM:

YEAR:

COLLEGE:

DIVISION:

SECTIONS TO CANCELLED

CRN	SUBJECT / COURSE # / TITLE	STUDENTS NOTIFIED	STUDENTS TO BE (MOVED, REMOVED):
		Date:	
		Date:	
		Date:	
		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			

Please submit the form to catalogandscheduling@wou.edu.

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