

Extended Studies Class Schedule Update

Date Processed _____
Notification: _____
By _____
For ES Office Use Only

Instructions:

COMPLETE ALL INFORMATION ABOVE DOUBLE LINE

To **ADD or CANCEL:** Mark ADD OR CANCEL below double line.

Complete appropriate portions of sections 1-5.

To **CHANGE:** Mark CHANGE below double line.

Date _____ School _____ College _____

Approved By _____ (College Dean) _____ (School Director)

Prefix _____ Course # _____ Section # _____ CRN _____ Term* _____ Year _____
*30 = Spring 40 = Summer 50 = Fall 10 = Interim

Program: _____ Cohort _____

FUNCTION: Add _____ Cancel _____ Change _____ CRN _____
(Students will be dropped)

1. Course Information: Prefix _____ Course # _____ Section # _____ Title _____

2. Course Type: Lecture _____ Lab _____ Credits _____ Home _____ Visitor _____
(graded) (nongraded)

Delivery Code: Technology Enhanced/Blackboard _____ Online _____ Traditional _____

3. Course Time/Dates: _____ (start-end)

Time _____ Day(s) _____ Course Dates _____

Time _____ Day(s) _____ Course Dates _____

Time _____ Day(s) _____ Course Dates _____

Time _____ Day(s) _____ Course Dates _____

Time _____ Day(s) _____ Course Dates _____

4 Site Information: _____

5. Instructor Information:

Instructor's Name _____ Instructor's Bear # _____

Instructor's Name _____ Instructor's Bear # _____

Course notes: _____

Justification for change: _____

Impact on students: _____