

Class Schedule Update

Complete all information above the double line and any necessary information in the remaining sections.

Date: _____ Approved by: _____
College: _____ School/Program: _____
Term: _____ Year: _____

Function: _____ CRN (Move Students) _____

COURSE INFORMATION:

CRN: _____ Prefix: _____ Course: _____ Section: _____ Campus: _____

Credits: _____ Capacity: _____ Waitlist: Yes No WL Capacity: _____

Title: _____ Special Approval _____

Course Type: _____ Gradable: _____ Canvas: _____

Cross Listed/Linked: _____ CL/LK Course _____ Instructional Method: _____

MEETING TIMES:

Course Start Date: _____ Course End Date: _____

Day(s): _____ Time: _____

LOCATION:

Building: _____ Room: _____

**For courses requiring more than one room, please provide specific information in course notes below.*

INSTRUCTOR:

Name: _____ Bear Number: _____ Primary: _____

Name: _____ Bear Number: _____ Primary: _____

ADDITIONAL INFORMATION:

Course notes: _____

Justification: _____

Impact on Students: _____

PROGRAMS ARE RESPONSIBLE FOR NOTIFYING STUDENTS OF ALL CHANGES AND CANCELLATIONS.

FOR OFFICE USE ONLY DATE _____ INITIALS _____ ENR _____