Course Change Form

Term:  □ Spring  □ Summer  □ Fall  □ Fall  Year: ____________

Date: ____________
From: __________________________________________
Department: ______________________________________

Course Title: _______________________________________

CRN: _________  Subject/Course: __________________________ Section: __________
       _________  __________________________  _________

We are making the following change(s) to the above course:

Instructor Name/ID: ______________________________________

Dates: _____________________________________________
Day/Time: ___________________________________________
Location: ___________________________________________
Enrollment: __________________________________________
Cancellation: _________________________________________
Distance Coding: □ 0-Distance  □ 1-Distance-Based  □ 2-Blended  □ 3-Local/Trad
Meeting Times?: □ Yes  □ No
Pacing: □ Instructor-Paced  □ Self-Paced
Delivery Method: □ Face to Face  □ Audio  □ Online/Web  □ Web Meetings (Elive)
□ UATV/Satellite  □ Multimedia  □ Specl Tech  □ Video  □ Corresp
Other: _____________________________________________

____________________________________________________

Dean’s Signature: ____________________________ Date: ____________

Departments - Please cc Sara, Bookstore – Cancellations and Class Limit Changes

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