

Course Change Form

Academic Year: _____

Academic Term: _____

Course Division/Number: _____ Course CRN: _____

Course Instructor: _____

Reason for Change: Low Enrollment High Enrollment Other _____

Opening a Shadow Section:

Program Director/Dean Approval: _____ Date: _____

Registrar Authorization: _____ Date: _____

Registrar will notify within one business day: IT, HR, Dean of Academic Support (if Skills Lab), Program Director/Dean. The Program Director/Dean will notify impacted faculty.

Opening an Unscheduled Course Section:

Program Director/Dean Approval: _____ Date: _____

Campus Coordinator (confirm time/date/room availability): _____ Date: _____

Registrar Authorization: _____ Date: _____

Registrar will notify within one business day: IT, HR, Dean of Academic Support (if Skills Lab), Program Director/Dean. The Program Director/Dean will notify impacted faculty.

Closing a Course:

Program Director/Dean Approval: _____ Date: _____

Assistant Registrar (check for progression issues): _____ Date: _____

Registrar Authorization: _____ Date: _____

Registrar will notify within one business day: Assistant Registrar (will notify students), IT, HR, Dean of Academic Support (if Skills Lab), Program Director/Dean. The Program Director/Dean will notify impacted faculty.

(over)

Change in Date/Time/Format:

New Requested Date/Time/Format: _____

Program Director/Dean Approval: _____ Date: _____

Campus Coordinator (confirm time/date/room availability): _____ Date: _____

Assistant Registrar (notify students): _____ Date: _____

Registrar Authorization: _____ Date: _____

*Registrar will notify within one business day: IT, HR, Dean of Academic Support (if Skills Lab), Program Director/Dean.
The Program Director/Dean will notify impacted faculty.*