CLASS REQUEST/CHANGE

Year_____

DEPT: _____

☐ Add
☐ Change
☐ Delete

☐ May Mini
☐ Aug Mini
☐ Winter Mini

☐ Fall
☐ Spring
☐ Summer I
☐ Summer II

						CLASS LOCATION								
							START		STOP					
COURSE	TITLE	PIN/ PDP	SEC	CREDIT HOURS	SEATS REQ	DAYS OF WEEK	HRS: MIN	AM PM	HRS: MIN	AM PM	BLDG/ ROOM	INSTRUCTOR CWID	INSTRUCTOR'S FULL NAME	GRADE TYPE

Justification: _____

Added Cost _____ to COLLEGE

Approved: _____
Department Head Date

Approved: _____
Dean/Assistant Dean Date