

MASTER CLASS SCHEDULE COMPUTER REVISION FORM

Directions: Please submit this form for any Class Schedule revision. Complete entire form when adding sections; complete only the items being changed if revising an existing section (also let us know the department name, course number and call number for changes); supply only department, course number, and call number for cancellations. Return this form to the Registrar's Office for implementation.

Request is to ADD _____ CANCEL _____ CHANGE _____ (mark only changed items)

Course is offered FALL _____ SPRING _____ SUMMER _____ MINI-SEMESTER _____

DEPT. _____ COURSE NUMBER _____ CALL NUMBER _____
(i.e. Biol) (i.e. 101) (Supplied by Registrar for adds)

COURSE TITLE _____

CAPACITY _____ CREDIT HOURS _____ TYPE OF GRADING _____
(List total number of seats desired; do not say increase by 5, etc.) (List desired credits; i.e. 2, 1-3, etc.) (Indicate regular, S-U, etc.)

FULL OR PART-TERM: _____

LIST DATES FOR PART-TERM COURSES: _____

INSTRUCTOR: _____

INSTRUCTOR NAID NUMBER: _____

NOTE: Please supply enough identification of instructor so we may know who is teaching the course. NELSON is not sufficient. First name, initials, etc. Please list social security number if known. As you get to know NAID numbers, please supply those as well.

MEETING TIME: Hourly Times _____ Days _____ (MTWRF)
S=Saturday

MEETING LOCATION: Building _____ Room _____

SECTION COMMENTS: _____

Department Signature

Date