

Class Section Change Form

Initiated By: _____ Phone #: _____ Date: _____

CURRENT SECTION IDENTIFICATION: Session: _____ Year: _____ Dates: _____

Title: _____

Class Nbr: _____ Subject Area/Catalog Nbr: _____ Class Section: _____

THE FOLLOWING CHANGES ARE REQUIRED:

1. ☐ SECTION CANCELLED
2. ☐ ENROLLMENT LIMIT: FROM _____ TO _____
3. ☐ UNITS: FROM _____ TO _____
4. ☐ TUITION FEE: FROM \$ _____ TO \$ _____
5. ☐ BEGIN DATE: FROM _____ TO _____
6. ☐ END DATE: FROM _____ TO _____
7. ☐ BEGIN TIME: FROM _____ TO _____
8. ☐ END TIME: FROM _____ TO _____
9. ☐ MEETING DAYS: FROM _____ TO _____
10. ☐ BUILDING FACILITY (ON-CAMPUS): FROM _____ TO _____
11. ☐ BUILDING FACILITY (OFF-CAMPUS): FROM _____

TO: Building _____

Room _____

Street Address _____

City _____

12. ☐ FACULTY: FROM _____
TO _____

13. ☐ OTHER: _____