

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: _____