Class Change Request Form

Date of Request   Department

Class Information

Select all that apply:

Name of Class   Class/section
                                                   (ex: EDUC 100V 001)

ISIS ID

Instructor name   Instructor ID

Date(s) needed   Time(s) needed

Expected Enrollment   Is a specific Room Required?

Bldg/Room

Reason for Request

CIV connections location(s)

SBC Name

Comments

Department Head Signature   Date

Revised 8/24/2006