SCHEDULE & ROOM REVISIONS

Pate Submitted	Person Submitting Form	Semester
Graduate Undergraduate	_ College	Dean's Signature
Please fill out completely and use a diffe	erent form for each semester.	
We have via, e-mail and phone, notified	all students impacted by the schedule changes or	r deletions. Signature of person who notified students
We have notified the Bookstore of any c	ourse/section cancellations or additions. Signatu	re of person who notified the Bookstore

Add Change Delete	Complete Course prefix & Number	Course Title	Credit Hours	Time	Day (s)	Room	Instructor/Comments