

Add a Course **Change a Course** **Cancel a Course**

Class Information

Subject Code _____ Catalog Number _____ Section _____ Hours _____ Session _____ UACONNECT Number* _____

*Only use for existing classes that are being changed.

Course Name: _____

Requested:

Enrollment Cap _____ Mo Tu We Th Fr Sa Su
Meeting Days
Start Time** _____ End Time _____ Lecture or Lab Space _____ Consent Type _____
**Please refer to [Official Class Times](#)

Instructors:

Requested Primary Instructor _____ Instructor ID _____ Access*** _____ Requested Secondary Instructor _____ Instructor ID _____ Access*** _____
***Access Codes: A = Approve Only G = Grade P = Post

Credit Type: _____

UGRD / GRAD / Combined

Cross Listed:

Subject Code _____ Catalog Number _____ Section _____ Cap _____ Combined Cap _____
Subject Code _____ Catalog Number _____ Section _____ Cap _____
Subject Code _____ Catalog Number _____ Section _____ Cap _____

Unique Classroom Features Required: (Example: Requested Room or Room Type, Additional Instructor, non-enrollment labs, etc.)

Class Notes: (Posted to ISIS for Student viewing)

Justification:

Dept. Head Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Please use this form to make all changes to the schedule of classes. Once completed and signed, forward this form to the Bumpers College Dean's Office (AFLS E108). If you have any questions or require more information, please contact the Dean's Office at (479) 575-2252.

<u>Dean's Office Use Only</u>	
Processed By:	_____
Date:	_____

Received By: _____
Date: _____