

Term  
\_\_\_\_\_

**Bumpers College**  
**Schedule of Classes – Change Form**  
(not for Special Topic courses – see Special Topic form)

Date Requested  
\_\_\_\_\_

**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      Start Time\*\*      End Time      Lecture or Lab Space      Consent Type

Meeting Day(s)      \*\*Please refer to [Official Class Times](#)

Instructors:

\_\_\_\_\_

Requested Instructor      Instructor ID      Role      Access      Requested Instructor      Instructor ID      Role      Access

\_\_\_\_\_

Requested Instructor      Instructor ID      Role      Access      Requested Instructor      Instructor ID      Role      Access

Credit Type: \_\_\_\_\_ ☐ Combined with: \_\_\_\_\_

UGRD / GRAD / Combined      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 UAConnect 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, please scan and email this form to [aflsdean@uark.edu](mailto:aflsdean@uark.edu) for processing. If additional information is required, please contact the Bumpers College Student Services Office at (479) 575-2252.

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Dean's Office Use Only

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_