

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 Workday 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 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: _____