

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   
Meeting Day(s) Start Time\*\* \_\_\_\_\_ End Time \_\_\_\_\_ Lecture or Lab Space \_\_\_\_\_ Consent Type \_\_\_\_\_  
\*\*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.

Dean's Office Use Only

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

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

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

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