

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
 SCHEDULE CHANGE REQUEST (Form A/B)

Dept.: _____

Send to Academic Scheduling, Box 1047

Term: _____

CHANGE COURSE (indicate only those items which have changed)										(Check boxes below if applicable)		
CRN#	Course and No.	Section		Times:		Days	Bldg/Room	Max	Instructor (Name/ID Number)	Waitlist (N or # students)	Textbooks required	Course-specific fee*
				Start	End							
			from:									
			to:									
			from:									
			to:									
			from:									
			to:									

ADD COURSE										(Check boxes below if applicable)		
CRN#	Course and No.	Section		Times:		Days	Bldg/Room	Max	Instructor (Name/ID Number)	Waitlist (N or # students)	Textbooks required	Course-specific fee*
				Start	End							

CANCEL COURSE						
CRN#	Course and No.	Section	Times: Start	End	Days	Bldg/Room

To cancel a course:

1. Contact Academic Scheduling at 3087 with instructions to inactivate the course immediately to prevent further registration.
2. Submit the request for approval to cancel immediately, preferably by hand-delivery, to the Assistant Vice-Chancellor for Enrollment Management.
3. If approval is granted, it is the responsibility of the canceling department to run a preliminary class list, and to: a) contact students to advise them of the cancellation;
b) determine program adjustments these students require as a consequence of the cancellation.

* A course-specific fee will only be applied to a course section when prior, separate approval exists. Contact Jim Mannix at extension 3627 with questions related to course-specific fees.

EXPLANATION:

Department Chair: _____

Date: _____

Dean of School: _____

Date: _____

Asst. VC for Enrollment Mgmt. (Cancellations only): _____

Date: _____

Academic Scheduling: _____

Date: _____