

SCHEDULE CHANGE REQUEST (FORM A/B)

**SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE**

Term/Year:			
Requesting Department:			
Department Contact:			
Telephone Extension:			
SIUE Email Address:			
Campus Box:			

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| 1) | The Schedule Change Request form should be used to request any changes that occur after the initial class schedule solicit has been returned to Academic Scheduling for the term. |
| 2) | Please collect all necessary signatures and approvals prior to submission to Academic Scheduling. |
| 3) | The completed form may be returned to Academic Scheduling via email at academicscheduling@siue.edu , Campus Box 1047, or Fax Extension 3332. |
| 4) | For assistance or questions, please contact Academic Scheduling at Extension 3087 or 5593, or by email: academicscheduling@siue.edu |

Choose one option per CRN			Section Information:					Session Dates:		Enrollment Info: Enter any additional information in Additional Comments box.					Days:						Enter Military Times:		Requested Location:		Instructor Info:	Instructor %:	
A	C	C	CRN	Subject & Course	Section	Sched Type	Instr Method	Begin Date	End Date	Total Enroll Max	Waitlist Seats	Reserved Seats*	Reserved Seats Waitlist	Reserved for which student population	M	T	W	R	F	S	U	Start Time	End Time	BLDG	Room	Instructor Name and ID Number	Percentage of time for instructor listed. Please enter additional instructors in Additional Comments box below.
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Additional Step For Cancelling a Class Section:
 1) Once a cancellation is processed, the academic department initiating the cancellation is responsible for contacting all registered students to notify them of the status change, copying Academic Scheduling (academicscheduling@siue.edu) and the Service Center (servicecenter@siue.edu) on the communication. Please do not communicate a course cancellation to students until Academic Scheduling has processed the request. If the cancellation is for an online degree program course, please email online@siue.edu as well. If the cancellation is for a corporate partnership course, please email outreach@siue.edu as well.

Additional Comments/Special Handling: Include details of face-to-face meetings for Blended or online classes (e.g. individual days/dates, times, and locations), multiple instructors with percentages, Special Topics titles, details of reserved seating, etc.:

Approvals and Signatures:

**Department Chair:		Date:	
College/School Dean:		Date:	
Academic Scheduling:		Date:	

* When sections are scheduled with reserve seats, the Office of the Registrar will shift open seats as appropriate to maximize the potential for filling to capacity two weeks prior to the term/part of term begin date.

** By approving this form for a graduate course, I certify that only graduate faculty will teach the course.