Routing Order					
Chair Dean Campus VP Scheduler					

FLORIDA ATLANTIC UNIVERSITY **REQUEST FOR COURSE SCHEDULE CHANGE**

Scheduler	AL	טט	CANCE	L CH	ANGE
	This form must be com campus, and changes			change such as add	itions, cancellations, change
COLLEGE	DEF	°T		Term	
Contact		<u>@fau.edu</u>	!		
Original Informa	ntion				
Campus Informatio	on				
Course Number/Se	ction	_ CRN	Day(s)	Time	_
Credits Cap _	Instructor				
Course Title					
	ion/Add Section				
	ection				
	(Section #	# not applicable for	adding courses)		
Credits Cap	Instructor (full name	e'Ša Ÿ∵a ±©> ¡ ®	please)		
Course Title					
Registration Contro	ls & Special Instructions				
JUSTIFICATION					
Number of Stude	ents enrolled	as	of	(date)	
Plan to notify reg	gistered students:				
 Department Chair	Date		 ean		Date
Campus Vice Presid		 Date			
Campos vice riesiu	CIIC	Date			