

Routing Order

Chair _____
Dean _____
Campus VP _____
Scheduler _____

FLORIDA ATLANTIC UNIVERSITY

REQUEST FOR COURSE SCHEDULE CHANGE

_____ **ADD** _____ **CANCEL** _____ **CHANGE**

This form must be completed for any course schedule change such as additions, cancellations, change of campus, and changes in meeting days or times.

COLLEGE _____ DEPT. _____ Term _____
Contact _____@fau.edu

Original Information

Campus Information _____/_____
Course Number/Section _____ CRN _____ Day(s) _____ Time _____
Credits _____ Cap _____ Instructor _____
Course Title _____

New Information/Add Section

Campus Information _____/_____
Course Number/Section _____ CRN _____ Day(s) _____ Time _____
(Section # not applicable for adding courses)
Credits _____ Cap _____ Instructor (full name and Z number, please) _____
Course Title _____
Registration Controls & Special Instructions _____

JUSTIFICATION _____

Number of Students enrolled _____ as of _____ (date)

Plan to notify registered students: _____

Department Chair Date Dean Date

Campus Vice President Date

NO CHANGES WILL BE MADE WITHOUT CAMPUS VICE PRESIDENT'S APPROVAL