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, 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