



Records and Registration
Request to Revise the Published
Course Schedule

This form is designed for use by faculty to request a course addition/deletion to the course schedule **after** the course schedule has been approved for publication. Approval validates course need and instructor's academic load.

Date: _____ **Requestor:** _____

Instructor of Record Information: **Check this box if a new instructor of record (listed in the section below) has been assigned to the course.**

Instructor's Name	Instructor's Banner ID #	Instructor's Status
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Adjunct <input type="checkbox"/>

Requested Course Information:

Action	Course Prefix	Course Number	Section Number	Course Registration Number (CRN)	Type of Revision
*Revise <input type="checkbox"/>					<input type="checkbox"/> Instructor
Delete <input type="checkbox"/>					<input type="checkbox"/> Location
Add <input type="checkbox"/>					<input type="checkbox"/> Time

*Year	*Semester	Part of Term	Days Offered	Campus Code	Building Code	Room Number	Number of Seats	Start Time	End Time

(* indicates required fields for revision requests. Please indicate the requested changes only in the above section for courses marked for revision).

Justification for Request:

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Does this course require additional compensation? Yes No

****Web-based courses require approval:**

**Director of e-Learning: _____ Date: _____

Instructor's Current Course Load:

Current Total Credit Hours:

Course Registration Number	Course Prefix	Course Number	Section Number	Number of Registered Students	Number of PAID Students

Requestor _____ Date _____

Division Dean _____ Date _____

VC for Academic Affairs and Workforce Development/Date: _____

Registrar's Office: Processed by: _____ Date Processed: _____
