Course Cancellation/Addition/Change Form

Change to _____ Schedule
(Year)
____Fall Session _____
____Winterim Session _____
____Spring Session _____
____Summer: Session _____
(Check one)

Date:

To: Registrar's Office

From:

cc:

Cancel the following course(s):

Course Type Description Sec Day Credits Time Room Current Students Max Student Instructor
Write in above; or copy from website, Edit, and Paste Special, Formatted Text (RTF) http://cw.marianuniversity.edu/forms/registration

Add the following course(s):

Course #	Section (site)	Course Title	Credits	Max. #	Instructor (full name)	Days	Times (List a.m. or p.m.)	Start/End Date	Room Preferred	Prereq. (changes only)	Fees

Change the current information for the following course:

From:

To:
Write in above; or copy from website and Edit, Paste Special, Formatted Text (RTF) http://cw.marianuniversity.edu/forms/registration

Special Note: _____

_____

_____
Dean's Signature Date

_____
VPAA 's approval required ONLY after Deadline for Course Changes Date

REGISTRAR'S OFFICE USE ONLY **If course dates changed, Student Schedules updated** ☐ Students called ☐ Students notified by email ☐ Meeting Planner Updated ☐

Registrar's Office Staff Signature: _____ Date_____ Revision Date: 08/20/10