

Extended Campus Class Schedule Update

Date Processed _____
By _____ <i>For EC Office Use Only</i>

Date _____ School _____ College _____

Approved By _____ (College Dean) _____ (School Director)

Function:

Add _____ Change _____ Cancel _____
(Students will be dropped)

Course Information:

Program: _____ Cohort _____

Prefix _____ Course # _____ Section # _____ CRN _____ Term _____ Year _____

Capacity _____ Credits _____

Online _____ Face to Face _____ Hybrid _____ (Please indicate hybrid location/site below.)

Meeting Times:

Course Start Date: _____ Course End Date: _____

Day(s) _____ Times _____ Location/Site _____

Day(s) _____ Times _____ Location/Site _____

Day(s) _____ Times _____ Location/Site _____

Instructor Information:

Instructor Name _____ Instructor Bear # _____

In-Load _____ Over-load _____ Adjunct _____

Instructor Name _____ Instructor Bear # _____

In-Load _____ Over-load _____ Adjunct _____

Course notes: _____

PROGRAMS ARE RESPONSIBLE FOR NOTIFYING STUDENTS OF ALL CHANGES AND CANCELLATIONS.