



AUTHORIZATION TO CHANGE THE APPROVED PRINTED CLASS SCHEDULE

Office of the Provost and Vice President for Academic Affairs

Assigned Instructor Changes Only

Department _____ Academic Term _____

Course	CRN	Previously Assigned Instructor	Change Assigned Instructor to:	New Instructor's ID

Approvals:
 Chairperson/Program Director _____ Date _____
 College Dean _____ Date _____
 Academic Vice President _____ Date _____
 Course Scheduling _____ Date _____