

Western Oregon University  
**CLASS SCHEDULE CHANGE SHEET**

TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

**SECTIONS TO BE CANCELLED**

CRN	SUBJECT / COURSE #/ TITLE	STUDENTS NOTIFIED	STUDENTS TO BE (MOVED, REMOVED):
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	

**SECTIONS TO BE ESTABLISHED (NEW)**

SUBJ/COURSE Input TITLE in comments if changing	CR	MAX	GRADING	INSTRUCTOR	DAYS	TIMES	ONLINE or HYBRID	NEW CRN
1. COMMENTS/ROOM:								
2. COMMENTS/ROOM:								
3. COMMENTS/ROOM:								
4. COMMENTS/ROOM:								

**SECTIONS TO BE ALTERED**

CRN	SUBJ/COURSE	NATURE OF CHANGE {time, day, room, instructor, schedule type, instructional method, etc.}

**APPROVALS**

WHO	NAME	SIGNATURE	DATE
Scheduler			
Division/Dept. Chair			
Dean			