

College of Continuing and Professional Education

Schedule Change Form

Term: _____

Year: _____

Request	Class Number	Subject / Course Number	Section	Component	Units	Instruction Mode	Consent	Days	Times	Room	Instructor Name Empl. ID #	Enroll #
<input type="checkbox"/> Add						<input type="checkbox"/> In-Person	<input type="checkbox"/> None					
<input type="checkbox"/> Cancel						<input type="checkbox"/> Web	<input type="checkbox"/> Dept.					
<input type="checkbox"/> Change						<input type="checkbox"/> Hybrid	<input type="checkbox"/> Instr.					

Session Dates: _____ Association Number: _____ Cross-listing: _____

Additional Info: _____

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Submitted by: _____ Dept: _____ Phone: _____

College Approval: _____ Date: _____