

# Enrollment Services/Academic Support

## Schedule Change Form

Use this form after online schedule building is complete.  
Forward all requests to Academic Support, BH-123 or fax to 5-7003

Term:  Fall 20\_\_\_\_  Spring 20\_\_\_\_

Scheduling Request:  Change  Cancel  Add

Class Number	Subject/Number	Section Number	Instruction Mode	Units	Comp Type	Class Assoc. Number	Begin/End Time	Days	Building/Room	Class Notes	Instructor Name and Campus ID	Enroll. Limit

Office Use Only: \_\_\_\_\_

Scheduling Request:  Change  Cancel  Add

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Office Use Only: \_\_\_\_\_

Additional Information:

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

College Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Scheduled by: \_\_\_\_\_

Date: \_\_\_\_\_

Data Entry  Log