

OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST
Norman Campus

Approval Process for Schedule Change of a Scheduled Course

The Department/School of _____ requests permission to reschedule

Prefix Number Section Course Title Semester

Explanation:

_____ Existing schedule overlaps with another important course for same students.

_____ Assigned Instructor requests a schedule change for his/her convenience.

_____ Other reason, (please cite):

Please attach the Class roll or printout of DSIS screen as of the date of this request.

Originator/Contact Person:

Name

Telephone Number

How will the student currently enrolled in this course be notified of the schedule change?

How will the student currently enrolled in this course be accommodated for an alternate enrollment possibility if the newly-scheduled time creates a conflict for them?

Who is the responsible party for insuring that these students are notified and accommodated in a timely way?

APPROVED:

Chair/Director Date
of Department/School

Senior Vice President & Provost Date

Classroom Management Date