



BANNER SCHEDULE CHANGE REQUEST

TERM _____

Mini-Member Term: _____

NEW _____ CHANGE _____ INSTRUCTOR _____ CANCEL _____ RE-OPEN _____

CRN # Must be included for existing classes.

CRN #	COURSE and SECTION #	COURSE NAME	CLAS MAX	DAYS	Level Lab	TIME	LOCATION & ROOM #	INSTRUCTOR *

Include Social Security # for NEW instructors only and indicate full legal name as it appears on the social security card. If additional space is required, a separate sheet may be attached.

PLEASE PRINT OR TYPE.

Other Instructions:

Requested by:

PROGRAM / DEPT. CHAIR SIGNATURE (REQUIRED) _____ Phone # _____ Date _____ DEAN SIGNATURE (Optional) _____ Date _____

UNIFORM CLASS TIME EXCEPTION

Vice President's Signature Required _____ or _____
 Division Dean Signature Required _____ Date _____

Fax or return form to Carmen Villagomez in the Curriculum & Accreditation Office - D-100 (872-8318)

Fax 872-3433

Informational Self-Inspection/Review/Banner School Change Request
Revised 5/07

Completed by: _____