TO: Office of the Registrar-Registration

FROM: Requestor Name & Appropriate Academic Department Name

DATE: Date Submitted to Registrar’s Office

SUBJECT: Administrative Student Schedule Adjustments—Course Subject, Number, Section Number & CRN

Please list a description of the changes that are being made to the course such as “Course credit hour will be changing from 3 credits to 1 credit hour”, “Course section (CRN) is being cancelled, students are being placed in section \_\_\_ of the same course (CRN). Etc.

Number of students currently enrolled: \_\_\_ as of date

Student E# Student Name:

Johnny Tester E00111112

Mary Tester E00111111

*By submitting this form to the Office of the Registrar, the department certifies that all students listed above should receive the same schedule adjustment(s) and that each student has been contacted by the academic department to inform them of the change(s). All approving officials are aware of and have approved these changes.*

**Requestor Information**

**Name: Please list name of individual submitting form and contact for any questions**

**Phone: Campus Phone Number**

**Email: Campus Email Address**

**Department Chair: Name of Chairperson**