

**DELAWARE STATE UNIVERSITY
OFFICE OF RECORDS & REGISTRATION
SCHEDULE ADJUSTMENT FORM**

Date Submitted: _____ Department Name: _____

Semester: _____ Check here if this change is for Online Courses: _____ Honors _____

SECTION I: ROOM, TIME OR INSTRUCTOR CHANGES. Please include the Instructor's D100#

CRN	COURSE TITLE	CURRENTLY	CHANGE TO
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____
_____	_____	R, T or I _____	_____

CIRCLE TYPE OF CHANGE :R=ROOM;T=TIME;I=INSTRUCTOR. ONE TYPE OF CHANGE PER LINE.

SECTION II: COURSE CANCELLATIONS

CRN	COURSE TITLE	REASON	CRN	COURSE TITLE	REASON
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

E=LOW ENROLLMENT;NI=NO INSTRUCTOR;SPECIFY OTHER FREE FORM.

SECTION III: COURSE SECTION ADDITIONS

DPT#-CRS#-SECT#	CR	DAY	TIME	INSTRUCTOR ID#	ENROLL MAX	ONLINE/TRADITIONAL COURSE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Note: All classes that require time or day changes will be cancelled and any registered student will be removed from the course.

Signature of Department Chairperson Date

Signature of Appropriate Academic Dean (Required for ALL Schedule Adjustments) Date

Signature of Distance Learning or Honors Director (Required) Date