# Change of Schedule Form

|  |  |  |
| --- | --- | --- |
| **College:** **School:**      **Name:** **Phone:**  | **Term:** **Academic Year:** **Date:** **Email:**  | 1. Fill out this form using Microsoft Word. For each class that is being changed, fill in the required fields and the fields that are changing or being added. When adding a section, please fill in everything.
2. Print the form. (You can save a copy on your hard drive for your records.) Obtain appropriate signatures.
3. Approved forms will be processed by the appropriate Registrar’s Office (HBG or USMGC).
4. **REMINDER: Once a section has been added, the TEXTBOOK information must be added in FacultyEnlight.**
 |

Class 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Action (required) | Subject & Catalog Nbr. (required) | Section (required) | Session (required) | Campus | Location | Class Nbr (required) |
|  |       |      |  |  |  |       |
| Instruction Mode (required) | Method of Delivery | Facility ID | Meeting Pattern | Meeting Times | Instructor Name & Emplid |
|  |  |       |       |       |       |
| Class Topic | Add Consent | Enrollment Capacity | Begin Date | End Date | **NOTES TO REGISTRAR’S OFFICE**  |
|  |  |     |       |       |  |
| If Instruction Mode is IVN, complete this section.  **Originating site?**   R**eceiving site?**   | **JUSTIFICATION FOR CHANGE (Required)** |  |

Class 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Action (required) | Subject & Catalog Nbr. (required) | Section (required) | Session (required) | Campus | Location | Class Nbr (required) |
|  |       |      |  |  |  |       |
| Instruction Mode (required) | Method of Delivery | Facility ID | Meeting Pattern | Meeting Times | Instructor Name & Emplid |
|  |  |       |       |       |       |
| Class Topic | Add Consent | Enrollment Capacity | Begin Date | End Date | **NOTES TO REGISTRAR’S OFFICE**  |
|  |  |     |       |       |
| If Instruction Mode is IVN, complete this section.  **Originating site?**   R**eceiving site?**   | **JUSTIFICATION FOR CHANGE (Required)** |

Class 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Action (required) | Subject & Catalog Nbr. (required) | Section (required) | Session (required) | Campus | Location | Class Nbr (required) |
|  |       |      |  |  |  |       |
| Instruction Mode (required) | Method of Delivery | Facility ID | Meeting Pattern |  | Instructor Name & Emplid |
|  |  |       |       |       |       |
| Class Topic | Add Consent | Enrollment Capacity | Begin Date | End Date | **NOTES TO REGISTRAR’S OFFICE**  |
|  |  |     |       |       |
| If Instruction Mode is IVN, complete this section.  **Originating site?**   R**eceiving site?**   | **JUSTIFICATION FOR CHANGE (Required)** |

Please scan and email this SIGNED form to the Registrar’s Office at registrar@usm.edu (HBG) or gcschedule@usm.edu (USMGC).

School Director Date Dean Date