



UNIVERSITY OF LA VERNE

CLASS CANCELLATION/CHANGE FORM 2009-10

Please cancel/change this course and Instructor:

Instructor Name: _____

CRN No. _____ Semester/Year _____

Course No. _____ Enrollment _____

Course Title _____ Amount \$ _____

(This information must be included)

Original start date _____ Original preparer _____

Please **CANCEL** this Instructor and Substitute with:

Prof. _____

(a new request for Part Time/Overload Faculty letter is attached)

Please **CONTINUE** this course and revise to \$ _____

Please **CHANGE** this class into **DIRECTED STUDY**

(a new pay advice is required to be attached and new start date)

Signature _____
Department Chair/Program Chair/Director Date _____

Signature: _____
Dean Date _____

Please send completed form to the Human Resources Department.

DEPARTMENT

REGISTRAR

HUMAN RESOURCES

Thank you.

/docs/forms/Class Cancellation-Change Form 09-10

Human Resources Department

1950 3rd Street * La Verne, California 91750 * (909) 593-3511, Ext. 4076 * Fax (909) 392-2791

www.laverne.edu/hr

An Equal Opportunity Employer