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