

OFFICE OF THE ASSOC VICE PRESIDENT FOR ACADEMIC AFFAIRS
OU Tulsa Campus

Approval Process for Schedule Change of a Scheduled Course

The Department/School of _____ requests permission to reschedule

CRN Prefix Number Section Course Title Semester

Assigned Instructor:

Detailed Explanation for change request: Ie: Existing schedule overlaps another course, instructor preference, etc.

Please attach the Class roll as of the date of this request

Originator/Contact Person:

Name

Telephone Number

How will the student currently enrolled in this course be notified of the schedule change?

How will the student currently enrolled in this course be accommodated for an alternate enrollment possibility if the newly-scheduled time creates a conflict for them?

Who is the responsible party for insuring that these students are notified and accommodated in a timely way?

APPROVED:

Chair/Director Date
Of Department/School

Asst Vice President Date
Academic Affairs, OU Tulsa

Dean Date