



The University of Oklahoma
Norman Campus
Office of the Senior Vice President and Provost

Approval Process for Schedule Change of a Scheduled Course

The Department/School of _____

requests permission to reschedule _____

Course Reference Number	Prefix	Number	Section	Course Title	Semester
-------------------------	--------	--------	---------	--------------	----------

Assigned Instructor: _____

Explanation:

Existing schedule overlaps with another important course for the same students.

Which other course? _____

Assigned instructor requests a schedule change for their convenience.

Reason for request? _____

Other reason: _____

Proposed new meeting time: _____

Contact person: _____

_____ Email address

_____ Phone number

Please attach the class roster as of the date of the request.

How will the students currently enrolled in this course be notified of the schedule change? Who is responsible to notify them in a timely way? _____

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

APPROVED:

Chair/Director of Department/School Date

Senior Vice President & Provost Date

Dean Date

Breck Turkington
Classroom Management Date