

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 Instruc	tor:						
Explanation:							
Existing sc Which other		aps with an	other imp	ortant course for the	ne same students.		
Assigned in	nstructor req	uests a sche	dule chan	ge for their conver	nience.		
Reason for	request?						
Other reaso	on:						
Current schedule	ed meeting ti	me:					
Proposed new m	eeting time:						
Contact person:							
				Email address	P!	hone number	
Please attac	ch the class	roster as of	the date o	f the request.			
How will the stud	dents current	ly enrolled	in this cou	urse be notified of	the schedule chang	ge? Who is responsible	
to notify them in	a timely way	<i>y</i> ?					
How will the stuit if the newly-sche					odated for an alte	ernate enrollment possibi	ility
APPROVED:							
Chair/Director of Dep	partment/Schoo	1	Date	Senior	Vice President & Prov	zost Dat	e
Dean			Date		Turkington	Dat	te