



***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
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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: \_\_\_\_\_

Current scheduled meeting time: \_\_\_\_\_

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? [NOTE: Do not notify the students of any changes until this request is approved.]

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 Provost for Instruction and Student Success Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Registrar/Classroom Management Date