# Change of Schedule Form

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| --- | --- | --- |
| **College:**  **School:**  **Name:**  **Phone:** | **Term:**  **Academic Year:**  **Date:**  **Email:** | 1. Fill out this form using Microsoft Word. For each class that is being changed, fill in the required fields and the fields that are changing or being added. When adding a section, please fill in everything. 2. Print the form. (You can save a copy on your hard drive for your records.) Obtain appropriate signatures. 3. Approved forms will be processed by the appropriate Registrar’s Office (HBG or USMGC). 4. **REMINDER: Once a section has been added, the TEXTBOOK information must be added in FacultyEnlight.** |

Class 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Action (required) | Subject & Catalog Nbr. (required) | | Section (required) | Session (required) | Campus | Location | Class Nbr (required) |
|  |  | |  |  |  |  |  |
| Instruction Mode (required) | Method of Delivery | | Facility ID | Meeting Pattern | Meeting Times | Instructor Name & Emplid | |
|  |  | |  |  |  |  | |
| Class Topic | Add Consent | | Enrollment Capacity | Begin Date | End Date | **NOTES TO REGISTRAR’S OFFICE** | |
|  |  | |  |  |  |  | |
| If Instruction Mode is IVN, complete this section.  **Originating site?**  R**eceiving site?** | | **JUSTIFICATION FOR CHANGE (Required)** | | | |  | |

Class 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Action (required) | Subject & Catalog Nbr. (required) | | Section (required) | Session (required) | Campus | Location | Class Nbr (required) |
|  |  | |  |  |  |  |  |
| Instruction Mode (required) | Method of Delivery | | Facility ID | Meeting Pattern | Meeting Times | Instructor Name & Emplid | |
|  |  | |  |  |  |  | |
| Class Topic | Add Consent | | Enrollment Capacity | Begin Date | End Date | **NOTES TO REGISTRAR’S OFFICE** | |
|  |  | |  |  |  |
| If Instruction Mode is IVN, complete this section.  **Originating site?**  R**eceiving site?** | | **JUSTIFICATION FOR CHANGE (Required)** | | | |

Class 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Action (required) | Subject & Catalog Nbr. (required) | | Section (required) | Session (required) | Campus | Location | Class Nbr (required) |
|  |  | |  |  |  |  |  |
| Instruction Mode (required) | Method of Delivery | | Facility ID | Meeting Pattern |  | Instructor Name & Emplid | |
|  |  | |  |  |  |  | |
| Class Topic | Add Consent | | Enrollment Capacity | Begin Date | End Date | **NOTES TO REGISTRAR’S OFFICE** | |
|  |  | |  |  |  |
| If Instruction Mode is IVN, complete this section.  **Originating site?**  R**eceiving site?** | | **JUSTIFICATION FOR CHANGE (Required)** | | | |

Please scan and email this SIGNED form to the Registrar’s Office at registrar@usm.edu (HBG) or gcschedule@usm.edu (USMGC).

School Director Date Dean Date