

Department

## **SCHEDULE ADJUSTMENT FORM**

Year

Please email to regscheduling@oakland.edu or submit to NFH 160.

| Request | Published |
|---------|-----------|
|         |           |

**CATEGORY OLD INFORMATION NEW INFORMATION** Course Rubric & Number Class Title Course Reference # & Section # Credits Days & Times **Building & Room Location** Enrollment-Expected/Max Instructor / GID# Rank: L or SL (part-time only) Schedule Type Fund Acct. # Cross-Listed Code Other

Term

## **COMMENTS**

## **VERIFICATION OF CHANGES**

Department Chair Signature Date

Dean's or Designee's Signature Date

Date Entered into Banner

| REGISTRAR       | Date Stamped   |
|-----------------|----------------|
| OFFICE          | Date Processed |
| <b>USE ONLY</b> | Initials       |
|                 |                |