



**Seattle Pacific University**  
Office of Registration  
(206) 281-2031 Fax (206) 281-2669

SAS use only		
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## REQUEST FOR TIME SCHEDULE CHANGE

Initiated by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of School Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Check appropriate box:       Add       Change       Cancel

**The Existing Time Schedule Now Reads:**

Quarter/Year: \_\_\_\_\_

Computer Reference Number (CRN): \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_

Title: \_\_\_\_\_ Schedule Type: \_\_\_\_\_ Approval Code: \_\_\_\_\_

Maximum Enrollment: \_\_\_\_\_ Credits: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_ Bldg/Room: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_ SSN: \_\_\_\_\_

Secondary Instructor: \_\_\_\_\_ SSN: \_\_\_\_\_

Tuition/Fee Detail Code: \_\_\_\_\_ Amount: \_\_\_\_\_ Flat or Per Credit (Circle One)

*Is the course cross listed? Yes No (Please Circle One) If yes, list the course it is cross-listed to:*  
 Computer Reference Number (CRN): \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_

**The New Proposed Time Schedule Should Read (indicate changes only):**

Quarter/Year: \_\_\_\_\_

Computer Reference Number (CRN): \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_

Title: \_\_\_\_\_ Schedule Type: \_\_\_\_\_ Approval Code: \_\_\_\_\_

Maximum Enrollment: \_\_\_\_\_ Credits: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

Bldg/Room Preference: \_\_\_\_\_ Special Room Needs (ex. technology): \_\_\_\_\_

Primary Instructor: \_\_\_\_\_ SSN: \_\_\_\_\_

Secondary Instructor: \_\_\_\_\_ SSN: \_\_\_\_\_

Tuition/Fee Detail Code: \_\_\_\_\_ Amount: \_\_\_\_\_ Flat or Per Credit (Circle One)

*Is the course cross listed? Yes No (Please Circle One) If yes, list the course it is cross-listed to:*  
 Computer Reference Number (CRN): \_\_\_\_\_ Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_