



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: _____