The University of Texas at San Antonio™

OFFICE OF THE REGISTRAR

Request for Change in Class Schedule

(This form is to be used when departmental access to Banner is restricted.)

College: _____ Department: _____

☐ Cancel ☐ Add ☐ Change

Term/Part of Term: _____ Course: _____

CRN Discipline Course# Section#

If change, from day(s)/time: _____ to day(s)/time: _____

Campus: ◯ Main ◯ Downtown ◯ Off Campus If off campus: _____

(location)

If add or change: _____ _____ _____

Maximum Enrollment Special Approval Code Crosslisted Course CRN

Comments

☐ Cancel ☐ Add ☐ Change

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Comments

Approvals: (electronic signature accepted)

Department Chair: _____ Date: _____

Associate Dean: _____ Date: _____

Form Processed by RO: _____ Date: _____

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