

CCSF Schedule Change Form

Minor Changes

- Fall
- Spring
- Summer

Term Year Department CRN Subject Course Section

Requested Changes:

	Currently in Schedule	Change to
Section Number		
Building & Room		
Days*		
Start/end time*	from to	from to
First/last date*	from to	from to
Class capacity		
Section note for Time Schedule		

* Section days, times, and dates *cannot be changed* once students are enrolled

Justification for Minor Changes:

Signatures:

Requested _____
 Department Chair Date

Approved _____
 Dean Date

Submit completed form to Office of Instruction, Cloud 308

Processed by Office of Instruction: Date: _____ By: _____