

Credit Course Change Form

Today's Date: _____
 Complete 1 week prior to start date

_____ ITV	_____ CHANGE	_____ CANCELLATION	_____ POSTPONEMENT	_____ TERM
Location #	Location Name	Catalog # & Class ID #	Course Title	
		____-____-____		

Instructor	Change?	Supervisor/ Dean Signature			
Original	Start Date	End Date	Day (s)	Time(s)	Room #
New	Start Date	End Date	Day(s)	Time(s)	Room #

Description of Changes:

1. Be sure information is complete and received by all people listed below within 24 hours.
2. Write N/A in date box if no action needed and initial that you have made this determination.

Credit	Task	Initial	Date task was done
Dean (Supv)	If ITV/IPV, contact Holly Scharf-Distance Learning RL campus. Complete ITV information on bottom of form.		
Dean (Supv)	Notify Instructor		
Donna/Jill	Change/update program schedule on web, instructor & schedule on W: drive.		
Information Desk	Notify students. Record date/time, message on roster. Complete Credit Drop/Add Forms.		
Kristin Samp	Update room schedule on W:drive.		
Angel Mortel	Cancel/Update Class on PeopleSoft Stop Enrollment (if class is cancelled).		
Angel Mortel	Update Webmaster		
Angel Mortel	File Credit Change Form in scheduling binder. Inform originator that change is completed.		

ITV/IPV - List Location Code, Course Number, and Class ID Number of the receive sites.

Location Number _____ Aid Code _____ Course Number _____ Class ID _____

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