

Class Schedule Change Form

Office of the Registrar
 PO Box 2503
 New Westminster, BC V3L 5B2



Douglas College

Date: _____

ANY CHANGES IN TIMES OR CANCELLATION OF COURSES MAY IMPACT ON REGISTRATION AND CREATE DIFFICULTIES FOR STUDENTS. DEPARTMENTS ARE REQUIRED TO NOTIFY STUDENTS DIRECTLY OF ANY CHANGES THAT WILL IMPACT A STUDENT'S TIMETABLE. PLEASE PRINT HARD, YOU ARE MAKING 4 COPIES.

SEMESTER			
10 WINTER	15 SPRING	20 SUMMER	30 FALL

CRN #: _____ SUBJ: _____ COURSE #: _____ SECTION #: _____

TYPE OF CHANGE			
ADD COURSE	CHANGE DAY	ADD INSTRUCTOR	
CANCEL COURSE	CHANGE TIME	CHANGE INSTRUCTOR	
ADD OR CHANGE ROOM		REMOVE INSTRUCTOR	

ADD / CHANGE TO					
START DATE:			END DATE:		
DAY(S)	TO:	M T W R F S	TIME(S):	TO:	_____
		M T W R F S			_____
	FROM:	M T W R F S	FROM:		_____
		M T W R F S			_____
CAMPUS:	<input type="checkbox"/> DAVID LAM	<input type="checkbox"/> NEW WESTMINSTER	ROOM #:	CLASS SIZE:	PER OUTLINE:
PRIMARY INSTRUCTOR:	NAME:		ID#		
ADDITIONAL INSTRUCTORS:	NAME:		ID#		
	NAME:		ID#		

COURSE COMMENTS / RESTRICTIONS

Registrar's Office

Instructor Signature

Department Head Signature