

COURSE SECTION CHANGES AND CORRECTIONS

Department	Phone:	Date:
Submitted By	Email:	

ACTION REQUEST (Select one option below; one form per request)

Term:	Year	Subject:
Course Number:	CRN (Class Number):	Section:
Location:	Instruction Mode:	Class Attributes:
Mtg Start d] u	Mtg End d] u	Days:

REQUEST AND SUBMISSION PROCEDURE

Complete department information fields

Select one option; one for per request

Complete selected option in full

Submit to Department Chair/Program Director for approval signature and date

Submit signed form to the Associate Dean for review and approval

Make a copy for your records (PDF or hard copy)

Submit the signed form to the Office of Academic Operations:

1. Scanned form (PDF Format) emailed to Lilia Flores (lflores@csub.edu) **OR**
2. Mail a hard copy form to the Office of Academic Operations, for the attention of Lilia Flores, MS 11 EDUC

Requests will be processed in order received

If you have any questions about the section detail fields, or completing this form, please contact Lilia Flores X3100 or lflores@csub.edu.