

OFFICE OF THE ASSOC VICE PRESIDENT FOR ACADEMIC AFFAIRS
OU Tulsa Campus

Approval Process for Schedule Change of a Scheduled Course

The Department/School of _____ requests permission to reschedule

CRN Prefix Number Section Course Title Semester

Assigned Instructor:

Change Requested:

Explanation for request change:

Existing schedule overlaps with another important course for same students.
Which other course?

Assigned Instructor requests a schedule change for his/her convenience.
Rationale for request?

Other reason, (please cite):

Please attach the Class roll as of the date of this request.

Originator/Contact Person:

Name

Telephone Number

How will the students currently enrolled in this course be notified of the schedule change?

How will the students currently enrolled in this course be accommodated for an alternate enrollment possibility if the newly-scheduled time creates a conflict for them?

Who is the responsible party for insuring that these students are notified and accommodated in a timely way?

Chair/Director Date
Of Department/School

Asst Vice President/Registrar Date
OU-Tulsa

Dean Date

E-mail to: tulsascheduling@ou.edu