

INSTRUCTOR CHANGE/CORRECTION FORM

Term: _____

Department: _____

Date: _____

Please make the following changes, corrections, additions, and/or deletions to the instructor(s) for the semester designated above.

CHANGES/CORRECTIONS:

CRN	COURSE	CHANGE FROM	CHANGE TO (First & Last Name)	ID Number	Full-Time, Adjunct, or Graduate Student
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Chairperson / Director or Administrative Assistant _____

(Rev. 09/13)

