Office of the Registrar Scheduling Office Online/Hybrid WebCT Scheduling Form

□ FALL □ SPRING □ SUMMERYEAR	Cancel & Cancel/Reschedule – Must have Department Chair and Dean's approval/signatures when changes are made to dates, day, time, title, credit hours, special fee/fee code, and
 ☐ Add ☐ Cancel ☐ Cancel/Reschedule 	adding or removing special approval(s).
☐ Revise/Change ☐ Cancel/Reschedule	
Form Initiated by: Title:	Date Submitted:
Phone Number: Email	Campus Code : EA
Course Information	
CRN Subject Code: Course	Number: Section:
Part of Term: Dura (circle if applicable)	tion Start Date: End Date:
Title: Credit/No Cred (30 Characters Only)	
Meeting Type 1: Start Date: End Date: Days:	
Meeting Type 2: Start Date: End Date: Days:	
Instructor (Last Name, First)	Banner ID #
Capacity: Section Fee Code(s): Onli	ne Special Fee \$: 100.00 Hybrid Code F780 ave a \$100.00 Special Fee in addition to course fees.
Contact Information	
Contact Phone:	After obtaining APPROPRIATE SIGNATURES
	please submit form to:
Contact URL: Email:	
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Approvals	ling upp odu
Approvals Department Scheduling Coordinator	Phone: 277-8128 Fax: 277-8590
	Phone: 277-8128 Fax: 277-8590
Department Scheduling Coordinator	Phone: 277-8128 Fax: 277-8590 Date:
Department Scheduling Coordinator Department Chair	Phone: 277-8128 Fax: 277-8590