

## Request to Update the Schedule of Classes

This form should only be used when the Schedule of Classes has closed for editing for the term.

Please visit <https://students.uthscsa.edu/registrar/2015/03/instructions-for-faculty/> for editing deadlines.

Course Information	School
Term _____ Year _____  Subject & Number _____ Section _____ <small>(Example: MEDI 4004) (Example: 001)</small>  Title: _____ <small>(Example: Cardiovascular Research)</small>	<input type="checkbox"/> Graduate School of Biomedical Sciences <input type="checkbox"/> School of Dentistry <input type="checkbox"/> School of Health Professions <input type="checkbox"/> School of Medicine <input type="checkbox"/> School of Nursing
Change Type	
<input type="checkbox"/> Add a new class section <input type="checkbox"/> Edit an existing class section <input type="checkbox"/> Delete a class section <input type="checkbox"/> Audit section?†                Class Number _____ (Example: 1052)                Class Number _____ † <a href="#">Policies on auditing</a> can be found in the catalog.	
Modification Details	
*Beginning and End Dates _____ - _____ <small>(Example: 1/15/2019 – 5/10/2019)</small>  *Student Permission to Enroll _____  *Enrollment Capacity _____ <small>(Example: 35)</small>  Meeting Times† <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time _____ - _____ <small>S M T W T F S (Example: 9:00am – 10:00am)</small>  Distance Education <input type="checkbox"/> Face to Face (0-50%) <input type="checkbox"/> Hybrid/Blended (51-84%) <input type="checkbox"/> Fully Online (85-100%)  Other Change _____  <small>*Required fields for new class sections.            ‡Meeting times are always optional.</small>	

Requested by \_\_\_\_\_ Date \_\_\_\_\_  
Print name

**Required Approval**  
 Dean's Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Please route to [registrars@uthscsa.edu](mailto:registrars@uthscsa.edu) for processing after Dean's Office Signature completed.

Registrar Staff Processor \_\_\_\_\_ Date \_\_\_\_\_