



Office of the University Registrar
classroomsched@uakron.edu

Course Scheduling Maintenance Form

TERM: **YEAR:**
COURSE
NUMBER:
 Subject Catalog Section

COMPONENT: ☐ Lecture Distributed Learning Class: ☐ Yes ☐ No
☐ Lab Course Fee: ☐ Yes ☐ No
☐ Discussion
☐ Other:

COURSE NAME:

Credit Hour:

ACTION: ☐ **Cancel** (if cancelled, were students notified: ☐ Yes ☐ No)
☐ **Add**
☐ **Change**

Please check all that apply. ☐ Room ☐ Class Limit ☐ Instructor ☐ Time/Day ☐ Meeting Dates
☐ Course Title ☐ Course Non Print

MEETING DATES:

Begin:

End:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

BUILDING:

ROOM:

INSTRUCTOR'S NAME:

INSTRUCTOR ID:

INSTRUCTOR PRINT? ☐ Yes ☐ No

ENROLLMENT CAPACITY:

DEPARTMENT CONSENT: ☐ Yes ☐ No

YOUR NAME:

APPROVAL, CHAIR/DIRECTOR:

DATE:

E-MAIL or EXTENSION:

APPROVAL, DEAN:

DATE:

Notes:

**Prior to submitting to the Office of the University Registrar, print this page for your records.*