

COURSE OFFERING(S) CHANGE FORM

Administrator & Faculty Use Only

Requestor Name:	
Requestor Emory Email:	
Requestor Phone Number:	

Use this sheet for multiple course schedule changes. Fill in all relevant columns with data. Your request may not be approved based on room space availability or scheduling conflicts. We will communicate directly with you should either of these occur and propose possible day/time changes.

						Delivery Mode (place an X in all applicable areas)			Additional Information i.e., specific information for students, intensive dates, etc.
	Program & Track: (please specify)	Course #	Course Title	Day	Time	Face To Face	Online 100% Asynchronous	Online with Synchronous Sessions	
1									
2									
3									
4									
5									
6									
7									
8									