

Fall _____ 2015 _____
 Spring _____ 2016 _____
 Summer _____ 2017 _____

SHAWNEE COMMUNITY COLLEGE
 SCHEDULE ADDITION/CHANGE FORM

Division
 AH _____ Anna _____
 BOT _____ Cairo _____
 HUM _____ Metro _____
 MAT/SCI _____

Prefix & Number	Section	Credit Hours	Days M,T,W,H,F,A	Time	Instructor	FT	PT	Start Date	End Date	Mid-Term Date	Location and Room # (room number is required if location is at an ext. center)	A=Add D=Drop C=Change

Submitted by: _____

Date: _____

Vice President _____

Divisional Chair Signature _____

Date: _____

Date Entered into AS/400: _____

Original to Instructional Services Office

Changes will not be made without Divisional Chair Signature