



Office of the Registrar  
**Class Information Change Form**  
**Muskingum College**

(includes room change requests)

*This form is required for any course change after the start of registration for the respective term.*

Semester \_\_\_\_\_ Year \_\_\_\_\_ Date \_\_\_\_\_

Subject \_\_\_\_\_ Class \_\_\_\_\_ Section \_\_\_\_\_ Credit Hours \_\_\_\_\_ Crs. Capacity \_\_\_\_\_

Course Title \_\_\_\_\_

**Existing Information:**

Professor \_\_\_\_\_

Building/Room \_\_\_\_\_ / \_\_\_\_\_

Days \_\_\_\_\_

Time \_\_\_\_\_

**Requested Information:**

Professor \_\_\_\_\_

Building/Room \_\_\_\_\_ / \_\_\_\_\_

Days \_\_\_\_\_

Time \_\_\_\_\_

Reason/Need for Change: \_\_\_\_\_

**Required for Room Change:**

Have you checked to see if room is available and has the resources needed?                          
YES      NO

**Required for Instructor Change:**

Will this course be taught by the requested professor as:

<input type="checkbox"/> In-Load	}	Division Coordinator consulted?
<input type="checkbox"/> Overload		
<input type="checkbox"/> Adjunct		

                    
YES      NO

Notified Vice President for Academic Affairs' Office \_\_\_\_\_  
Please initial.

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

VPAA Approval \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Approval \_\_\_\_\_ Date \_\_\_\_\_

For office use only.

Datatel     R25     Instructor/Dept.Chair/Secretary     Registered Students