

Office of the Registrar Course Modification Request Form



Departments should use this form to request course modifications once schedule building has closed. Course modifications will NOT be accepted past the add/drop deadline for the semester of the request. Please submit completed request to schedulebuilder@kennesaw.edu.

*First Name: _____ *Last Name: _____

*Phone (extension): _____ *Department: _____

*Semester: fall spring summer *Year _____

*CRN: _____ *Subject: _____ *Course Number: _____ *Section: _____

***COURSE MODIFICATION:**(select all that apply)

*Campus: _____ *Credit Hours: _____ Crosslist: _____
(please list courses)

*Instructor ID #: _____ *Part-of-Term: _____

*Building: _____ *Instructional Method: _____ Uncrosslist: _____
(please list courses)

*Room: _____ *Grade Mode: _____

Cancel Course

Meeting Pattern:

Meeting Type	M	T	W	R	F	Sa	Su	Start Time	End Time
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

Comments:

Requester Signature: _____ Date: _____

Office of the Registrar Use Only

Initials: _____ Date: _____

Comments: _____